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Reaching troubled youth

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

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Reaching
troubled
youth

runaways and community mental health

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Preface

Except when they are applying for funds, the people who work in runaway centers can rarely afford to take the time to write about their work. They are, by temperament, activists rather than scholars, talkers, writers; and their choice of vocation—residential crisis intervention work with troubled and troubling adolescents—reinforces their natural inclinations.

The conference which produced this collection of essays was an attempt to alter the pattern—to give a group of experienced runaway center workers and administrators a few days away from the continual pressure which characterizes their work and to encourage (sometimes "coerce" seemed a better word) them to describe the remarkable work they have been doing with young people and their families.

When the National Institute of Mental Health planned this conference, we believed that, of all the institutions that serve young people, runaway centers came closest to fulfilling the functions of a community mental health center. Dr. Gordon had recently written a paper on the subject, and the idea intrigued the Institute, the Federal agency responsible for funding and monitoring community mental health centers. We hoped to inform mental health professionals about the ways runaway centers provide comprehensive, nonstigmatizing, community-based care, to help those who work with runaways appreciate and become more self-critical about the services they are providing and to encourage greater discussion between the groups.

The chapters are organized to provide readers with an overview of runaways and runaway centers and to introduce them to specific short- and long-term services provided. The sections on direct services provide a basis for appreciating the preventive services that runaway centers offer and for understanding the kinds of training that workers in them find necessary. Several authors try to grapple with the implications—the hazards, the advantages—of conceptualizing runaway centers as mental health centers and of defining themselves as mental health professionals. We end where the conference began, with a chapter on "The Runaway Center as a Community Mental Health Center."

James S. Gordon, M.D.

Margaret Beyer, Ph.D.

Table of Contents

Preface iii

I. Running Away: An Overview 1

Running Away: Reaction or Revolution 2
James S. Gordon

II. Innovative Mental Health Services 17

If You Loved Me, You'd Take Out the Garbage 18
Wendy Palmer and Bob Patterson

An Urban Alternative Service for Youth 25
I. Roy Jones

Perspectives on Services for Rural Youth 29
Ken Libertoff

Community Networks: A Service Strategy for Urban Runaways and Their Families 36
Jim Bliesner

III. Peer Counseling 45

A Unique Approach to Peer Counseling 46
Diane Weger

Peer Counseling at Sasha Bruce House 50
Darlene Stewart

IV. Long-Term Care 59

Long-Term Care Provided by Runaway Programs 60
Marty Beyer

Group Foster Homes: Alternatives to Institutions 67
James S. Gordon

SAJA Foster Care 79
Lori Kaplan

Long-Term Placement at Huckleberry's 92
Jay Berlin

READEX FICHE

Youth Employment as a Preventive Mental Health Strategy ... 103
Mike Herron

Advocacy: Strengthening Individual Power ... 108
Jayn Allie

V. Prevention ... 117

Prevention Efforts and Runaway Centers: A National Accounting ... 118
Loraine Hutchins

Prevention: One Community's Approach ... 128
Beatrice B. Paul

VI. Training ... 137

Mental Health-Related Training in Runaway Programs: A National Perspective ... 138
Marty Beyer

Training: How Voyage House Does It ... 144
Ronald J. Gutkowski and Herbert F. Lawrence

VII. Relationships to Mental Health Facilities ... 153

Community Mental Health Centers and Runaway Programs Working Together ... 154
John C. Wolfe

A Holistic Approach to Youth Services ... 160
Robert Meltzer

Alternative Youth Services as a Branch of a Mental Health Facility ... 166
Claudia J. Stuntebeck

VIII. Accreditation and Licensure ... 173

Licensure and Accreditation of Alternative Services ... 174
Arnold E. Sherman

Local Issues in Alternative Service Accreditation ... 183
W. Douglas McCoard

IX. Conclusion ... 189

The Runaway Center as a Community Mental Health Center ... 190
James S. Gordon

X. About the Authors ... 201

I

Running Away: An Overview

James S. Gordon has been a consultant to runaway centers in the Washington, D.C. area and across the country for 12 years. This chapter originally was presented as a keynote speech to the American Society of Adolescent Psychiatry and is included in volume VII of their Proceedings. It is designed to provide the reader with an historical perspective on running away and runaway centers, to offer a conceptualization of running away as an opportunity, and a lever for change, rather than a demonstration of psychopathology.

Running Away: Reaction or Revolution

James S. Gordon, M.D.

Runaway young people have always been regarded with ambivalence. Their desire for escape and adventure, their search for change, and their challenge to accepted norms have excited the imagination and elicited the sympathy of a Nation which values independence and admires youthful courage. On the other hand, their premature departure from American homes has been regarded as a continuing subversion of the families which we are, often desperately, concerned with preserving; and their presence in the community and on the street has been seen as an offense to decency and, often, a threat to the social and economic order. Though these young people have been glamorized in fictional presentations, they have, in fact, been treated rather badly by our society: Originally regarded as deviants to be corrected, they have more recently been seen as confused and misguided children who must be returned from whence they strayed. Sometimes they have been the object of a concern mixed with fear, contempt, incomprehension, and condescension; sometimes they have simply been fair game for economic and sexual exploitation.

During the last 10 years, a persistently high incidence of runaway young people has been accompanied by a new perspective on their flight. Instead of stigmatizing them as immoral, deviant, or psychopathological—or, indeed, romanticizing their rebellion—my colleagues and I have come to see their departure as a sign of familial turmoil, to find in it a criticism of a society which affords many of its young people few useful roles and little hope for the future. In the context of a new kind of residential facility—the runaway house—we have tried to help young people to use their departure as a catalyst to individual and family change, to provide a microsocial setting in which some of the inadequacies of contemporary adolescent life may be addressed.

The remainder of this chapter traces this evolution in our attitude toward runaways and provides an overview of the kinds of programs—the runaway centers—that have been developed in the last 10 years to meet their needs.

The Reaction

During the colonial era (Bremner et al. 1970) young people who left their homes were regarded as a loss to the family's economy as well as defectors from its morality. Like single older people, orphans, and illegitimate children, these runaways were quickly placed in other family settings. The justification was biblical, "God settleth the solitary in families" (Psalms 68:6), but the arrangement also had its political and economic advantages; the community was spared the danger of a potentially seditious force, and the labor of these young people became available to the families which took them in.

This view of the young person as a potential economic asset and of running away as a social and economic disruption as well as an offense against God continued through the 17th and much of the 18th centuries. In the late 18th and early 19th centuries, an accelerated rate of immigration, the importation of large numbers of young servants, and the Nation's gradual secularization, industrialization, and urbanization combined to decrease the economic utility of American children and to increase the numbers of those who did not live with their parents. Large numbers of young people ran from rural areas, where they had been supplanted as laborers by stronger and no more expensive immigrants, and flocked to the cities. Some found work in newly opened factories. Others, along with the children of impoverished Irish and German immigrants, wandered the streets.

By the beginning of the 19th century, these homeless young people had come to be regarded as a special and serious problem. "The class," according to Brace (1880), "of a large city most dangerous to its property, its morals and its political life." Some were confined in almshouses with the poor, the mad, and the chronically ill; others were transported by Brace and his fellow reformers to serve as laborers in "the best of all asylums, the farms of western settlers." By the middle of the century, deviance had become delinquency; informal arrangements for the care of runaways had been supplanted by prison-like institutions, "schools of reform," and "houses of refuge."

The increasingly rapid decline of the social and economic role of young people in the late 19th century paved the way for a new conceptualization of and a new name for their stage of life. The belief that particular young people, among them the runaways and the homeless, needed to be reformed began to yield to the view that this stage of life, now called "adolescence," was itself a particularly treacherous one. Laws prohibiting child labor, enforcing compulsory education, and creating a separate juvenile justice system provided a structure which protected the vulnerable young from some adult exploitation while it restrained them from replacing their elders in the job market. At the same time, the developing fields of psychiatry, psychology, and psychoanalysis offered tools for understanding and treating the more recalcitrant members of this group.

The chief ideologue in this creation of adolescence was Hall (1904). Though many of his theoretical contributions have since been repudiated, and though anthropological data such as gathered by Mead (1928, 1930) contradict it, Hall's view of adolescence as a stage of development characterized by continuous crisis has persisted. For the last 75 years, many who have written about or been responsible for the treatment of adolescents have continued to make the effect (the difficulty of being a young person in 20th century America) into the cause (adolescence is a time of great stress).

At its best, this psychological perspective has been useful in palliating the isolation and objectification of the young, in helping their parents and those charged with their care to understand the subjective experience, motives, feelings, and conflicts of adolescents, as well as their behavior. Over the last 50 years, it has enabled researchers like Armstrong (1932), Minehan (1934), Outland (1938), Shellow (1967), Stierlin (1973), and Gordon (1975*a*, 1975*b*, 1978) to understand running away as a response to familial, social, and economic situations which young people can neither understand nor change. It has also encouraged therapists, caseworkers, and probation officers who work with individual runaways to see the commonalities among those who stay at home and those who leave and to subordinate the strong arm of discipline to an inquiring mind and a compassionate heart.

Sometimes, however, the burgeoning influence of a pathologically oriented medical perspective distorted the clinical view of runaways and obscured the larger social, economic, and familial factors which shaped the lives and behavior of adolescents and pushed them from their homes. Riemer (1940), for example, noted the "extremely negative character of young runaways," and went on to describe them as antagonistic, surly, defiant, somewhat assaultive, destructive young people, who are at times oversubmissive and docile.

Later psychiatric studies were generally less vituperative, but they too were narrowed by a perspective dominated by notions of psychopathology and delinquency that seemed sometimes to fuse. Jenkins (1968, 1969, 1971) and Foster (1962) emphasized behavioral factors common to runaways and "other delinquents," while other investigators, including Leventhal (1963, 1964) and Robins and O'Neill (1959), focused on the individual psychopathology which running away was presumed to reflect. In their 30-year followup study of child guidance clinic patients, these authors suggested that running away was indeed a "predictor" of both delinquency and psychopathology; they noted among other findings that runaways had "an adult incarceration rate that was four-fold that of other patients" and that they were one of the groups "most likely to show psychotic signs as adults."

In 1968, running away was a "status offense" in more than half our States (Beaser 1975), a behavior like truancy, or an attribute like incorrigibility, which was a punishable crime for people under 18 but not for adults. In the same year, running away also became an official category, the "Runaway reaction of adolescence," in the *Diagnostic and Statistical Manual* of the American Psychiatric Association (1968). The vocabulary became scientific rather than religious, moral, and economic, but the stigmatization of earlier descriptions and the forced incarceration of earlier treatment remained.

Teenagers on their own continued to be summarily returned to their families. Poor young people who persisted in running were generally sent by judges to detention centers and reform schools, while their middle-class sisters and brothers were diagnosed and committed by psychiatrists to indefinite stays in mental hospitals. The treatment both groups received was in many ways similar; in penal and mental institutions attempts were made to reform behavior, to improve character and attitudes, and to shape their future— at times with drugs and/or behavior modification. No longer a slipped gear in the economic machinery, a public shame, or a nuisance, runaways were now a species of involuntary patient requiring diagnosis, treatment, and cure.

The Revolution

In the 1960s, shared isolation from the concerns and lives of adults and the tendency of adults to label and stigmatize their particular stage of development helped to make the young skeptical of the dominant values of American society. The civil rights movement inspired some of them to see their own powerlessness as a mirror of black people's, to begin to think about youth rights as well as civil rights.

Soon the contradictions between the American ideals of truthfulness, peace, democracy, and self-determination and the American actions in Indochina began to alienate young people who had been only marginally touched by the civil rights struggles. Revolted by the televised slaughter of the Vietnamese and terrified by the hypocrisy of its justification, many came to fear that the powerful weapons of the American military establishment might some day be turned on them (Gordon 1972).

In this climate, disputes about politics, sex, drugs, and grooming tended to escalate to bitter and implacable confrontations. In their wake, many young people left—or were told to leave—their homes.

Young people had always hoped to find a better, or at least a less dismal and confining, life on their own. In the city or on the road, they looked for comrades to keep them company, to strengthen them in their quest. Not until the 1960s, however, did large numbers of young people consciously begin to regard running away as a political protest and their fellowship as the basis of a culture and a movement. While psychiatrists were discovering a new behavior disorder and debating their long-term prognosis, young runaways and their advocates publicly declared that their departure, voluntary or forced, was a legitimate rebellion against a restrictive family and a dangerously oppressive society.

By the mid 1960s, a few runaways began to gather with the beatniks and their hippie descendents, with civil rights and anti-war activists in the centers of what soon came to be called the counterculture. In the Haight-Ashbury district of San Francisco, in Manhattan's East Village, in Washington, D.C.'s Dupont Circle, and in college communities like Ann Arbor, Madison, and Cambridge, they created new styles of dress and music, politics and art, interpersonal relations and intoxication—amalgams of past and present, technological innovation, economic necessity, and imaginative fantasy. The relaxed and sensual way in which they lived together, their opposition to materialism and competitiveness, to hypocrisy and war, and, not least, the intensity of media attention soon drew tens of thousands of other young people after them.

Local groups formed to respond to the immediate needs of the thousands of homeless and penniless young people who flocked to their communities. Building on the interests and talents of natural helpers, drawing on the skills and energy of the young people who came for help, they swiftly constructed a network of human services. In San Francisco, the Diggers, borrowing their name from 16th century English egalitarians, improvised daily bread and soup for thousands of Haight-Ashbury residents. Switchboard directed telephone callers to crash pads, free clothes, and legal services. The Haight-Ashbury Free Clinic, staffed by street people and local physicians, dealt with the ailments of a young and transient population that was experimenting with its limits of physical and mental endurance.

Once the excitement of living on the street wore off, many young people found themselves desperately looking for a place to live, for sympathetic attention, and for a caring community. Few turned to mental health professionals for help. Most mental health professionals seemed hopelessly incapable of sympathizing with or even understanding the rebellious young. Even those who were genuinely sympathetic were still unable to offer the concrete help—the food, housing, and supportive community setting—that the young needed.

Runaway houses were created to fill the gap left by traditional mental health and social service facilities. In these settings, runaways found not only a refuge but also a redefinition of their situation. Older people who wore the same kinds of clothes and listened to the same kind of music helped them to see running away not as an illness or a criminal act but as part of a process of personal growth and social struggle. They helped young runaways to understand that they had the right to make the decisions that would shape their lives and their futures. Living and working together in a runaway house, runaways and their counselors forged a cross-generational alliance of older and younger brothers and sisters.

Running Away: A New Synthesis

By the early 1970s, the Vietnam War and the movement which grew to oppose it, the huge urban counterculture, and the economic boom which sustained it, all began to dissipate. The number of runaways did not, as many expected, decline. Each year, approximately three-quarters of a million young people continued to run from their homes.

In earlier eras, runaways tended to come from families or sectors of society made perilously vulnerable by poverty, death, or the cultural, social, and economic dislocation attendant on immigration, rapid industrialization, and economic catastrophe. Urban poverty, cultural anomie, and broken homes have continued to be significant causes of running away. According to the National Statistical Survey of Runaway Youth (1977), children who run are more likely to come from one-parent families; and young people who live in rural areas leave their homes half as often as their urban or suburban peers. On the other hand, broken families, poverty, cultural dislocation and their sequelae have become pervasive facts of life for all Americans: The Carnegie Council on Children (1977) notes that almost 17 percent of all our children live below the official poverty line and as many more are in fact poor, while Bronfenbrenner (1976) adds that 40 percent of all marriages end in divorce; that parents are spending less and less time with their children; that adults and their children move from city to city and house to house at an ever accelerating rate; and that child abuse and running away are endemic among the rich as well as the poor.

Few of the young people who now leave their homes are consciously trying to find a movement or a counterculture to shape their disillusionment to social change or communal satisfaction. Many of them—30 percent among the predominantly black youth who now run to the Washington, D.C., Runaway House and fully half of the teenagers who come to the Youth Service Bureau in white, middle-class Huntington, Long Island—report that they left because they were physically abused by their parents or guardians. Others simply feel angry, depressed, and isolated at home. They speak freely of their boredom and unhappiness at school, of being bewildered and dismayed by their inability to find jobs or a place in the world, of their anger at being labeled as the family problem. Though these young people are called runaways and have indeed left their homes, the majority of them feel they have been "pushed out" or "thrown away" by their parents and their society.

By the early 1970s, it became clear that many of these young people were staying in or near their own communities and that they had the same kinds of needs as those who left for the big cities. Concerned citizens in middle-class suburbs, urban ghettos, and rural areas were soon meeting to plan their own runaway programs. These new runaway houses drew their inspiration from programs in Haight-Ashbury and on the Lower East Side but adopted their particular style and substance from life in Prince George's County, Md., or Burlington, Vt. Some were started by young college graduates who hoped to bring the spirit of the anti-war and civil rights movements to their own communities, to bring the politics of human liberation down to a personal scale. Increasingly, however, these projects were sponsored by establishment organizations, sanctioned by municipal governments, and staffed, at least in part, by workers with advanced degrees and expertise in counseling, social work, and psychology.

In 1972, 30 houses struggled on "seed grants," borrowed money, and benefit suppers to provide short-term lodging, food, and supportive counseling to runaways. In 1978, there were some 200 runaway houses, 150 of them funded through an $11 million program of DHEW's Youth Development Bureau. Last year these homes provided food, housing, and comprehensive crisis-oriented, individual, group, and family counseling to 50,000 runaways and residential services to approximately 250,000 young people and their families.

As these programs have grown in numbers and matured, they have tried to combine the responsiveness and flexibility of the first runaway houses with the close critical attention to the details of individual and family situations which characterizes the work of mental health professionals and the wider social and political activism of community organizers. In the context of the programs that have emerged from this synthesis, young people and their counselors have the opportunity to redefine the meaning of "running away," to transform a stigmatized act into a catalyst for individual, familial, and community change.

The Context of Running Away

The physical existence of runaway houses provides a necessary context for redefining "running away." Earlier, runaways who came to the attention of authorities were summarily confined as deviants, criminals, or mental patients. In contrast, today, young people who come to runaway houses are welcomed as guests in a household. They come on their own and are free to leave when they wish. The rules of these households are not created to reform them or to modify their behavior but rather to ensure the house's survival and the comfort of all those who live and work there. The counselors in the houses are older friends and advisers, not wardens and judges. The young person is ultimately responsible for whether or not he or she will return home, work, go to school, or continue running.

In this context, young people who have been running for weeks or months are able to relax and consider their situation. Knowing they are not confined, they stay. Feeling they are trusted and respected, they begin to trust and respect. Some young people continue to disobey the rules that have been established to ensure the house's survival, but many of those who were said to be hopelessly impulsive find it easy to live within limits that seem neither capricious nor arbitrary.

The Meaning of Running Away

Historically, running away has been seen by adults in power as a defection from the family and the social order, a crime against the community, and a sign of mental illness. The perspective of the young people who run has been ignored and their right to define their situation denied. Law enforcement and mental health agencies have tended to perpetuate, not remedy, this process of isolation and labeling. If a psychologist or probation officer declares a child to be sick, delinquent, or in need of supervision and insists on testing or confining him, these actions and attributions outweigh any references to family problems or social and environmental influences.

In the context of a situation where they feel comfortable, in the company of people who are willing to credit their perspective, young people can begin to disentangle themselves from others' definitions of them and explore the reasons why they really did leave home. For some it is simply a matter of escaping from unbearable, humiliating physical punishment or sexual abuse. For many more, running away feels like a desperate assertion of self-hood. Many young people no longer can be or wish to be the good child their parents seem to insist on. Others are furious that their attempts at independence seem always to be defined as a species of behavior or thought disorder. In running away, these young people are escaping as much from familial definitions as they are from physical control. It is these definitions that they describe and experience as murderous or prison-like.

From their first hours in a runaway house, young people are encouraged to see that running away is neither pathological nor heroic but a temporarily necessary and positive act. Counselors encourage runaways to look carefully at the situations from which they have come and the way they have behaved, to reverse in the very process of recollection, analysis, and narrative the passivity to which their role and status as adolescents constantly urge them. In daily groups with other runaways, these young people find that relating even their most unhappy experiences and desperate insights may be of use to others who are having similar problems, as well as to themselves.

Howell's (1973) study of young people in one program suggests that, in the context of a runaway house, this process of redefinition is successful. Though they had experienced "major difficulties during their run," 66 percent of the young people who stayed at Project Place in Boston "believed in retrospect that running away has been a positive growing experience for them." My own work at the Washington, D.C., Runaway House and elsewhere (1975*a*, 1975*b*, 1977, 1978*a*, 1978*b*) confirms Howell's statistics. Their time at the runaway house is the first opportunity that many young people have to think and act for themselves. Some of them who had come to believe they were hopelessly stupid, inadequate, or impulsive have patiently worked out solutions to complicated personal and family problems. Others, habitual runaways and diagnosed schizophrenics, have discovered that, in the context of a respectful setting, they can behave sanely and responsibly.

Running Away and the Family

Running away is a communication to the rest of the family as well as an act of self-assertion. It is impossible for parents—even if they deny the importance and meaning of the behavior—not to know that their child is missing. Whether they accuse the young person of betrayal, belabor themselves with guilt, or are secretly pleased, they feel a loss and an uncertainty. The balance in the struggle between parent and child has shifted. If they wish to continue their contact with their child, the parents must pay attention to their child's point of view and wishes.

Ten years ago, runaway house counselors saw the family from which young people fled as oppressive and unworkable. Many thought of themselves solely as youth advocates and restricted their contact with parents to the negotiation of family truces. By the early 1970s, counselors realized the necessity of working intensively with families which the young could neither leave nor change nor adapt to. They turned for assistance to family-systems therapy and to mental health professionals who were accustomed to working with families. This therapeutic perspective avoided the deprecation and scapegoating which seemed inevitably to befall runaways who were involved in individual psychotherapy and emphasized mutual relatedness and collective responsibility for family difficulties. The work of Haley (1968), Laing (1971), Minuchin (1974), and Satir (1964) helped runaway house counselors to understand the forces which propelled young people from their homes and encouraged them to work therapeutically to try to reverse destructive family patterns.

Instead of treating the departure of the young as a rebellion or a disaster, runaway house counselors began to use it as a lever to urge families toward confrontation and change. While parents were wondering why their children had left, counselors were helping runaways to look critically at their situation and to explore their options for the future. In the course of this process, many young people quickly saw the need for meeting with their families. They realized they could not return home if things were unchanged; nor, given their legal status and earning capacity as minors, could they survive on their own without the support of parental resources or at least the protection of parental permission. Even foster placement was dependent on their parents' signatures. After a few days or a week in a runaway house, young people who had always hated and feared counseling were urging their parents to come to family therapy in order to communicate better and attempt to work things out.

Sometimes, even in the first session with a family, runaway house counselors are able to help the young person articulate the content of the protest that has been expressed in running away, to help the parents and other siblings hear its meaning. Sometimes the family arrives at a mutual understanding which facilitates practical compromise and a swift return home. More often the counselors must begin by simply trying to create a safe place for the family to be together in all its mystified contrariness. Slowly they try to help family members find a common language of understanding in which habitual, often incoherent, quarrels can become mutually intelligible; they hope to show them concretely how each of them affects the other and how all are enmeshed in repetitive and counterproductive behavior.

Sometimes runaway house counselors are able to help a family resolve the immediate crisis and them work to reach a new, more mutually satisfying equilibrium (Gordon 1975*b*). Sometimes formal counseling lasts for only one session, understanding for just a moment. Over the years, those who work with the families of runaways have learned to value that moment as an example of the possibility of communication and closeness, one that may later be referred to and enlarged upon. Sometimes there is only a sharpening of conflict. Here the session provides a safe place for disagreements and the opportunity to clarify them. The family discovers that impasses may be broken, that choices are possible, and that differences do not necessarily spell disaster.

After several sessions, many runaways begin to gain a perspective on family conflict which helps them to grow free of it. They realize that the pressures which have been brought to bear on them are not unlike those their parents feel. In some cases, they are able to see that their families either are or feel socially marginal and lack both intimate friends and close ties to an extended family. In time it becomes clear to many of the young people that their parents' angry and confused imprecations are reflections of their own bewilderment and betrayal, that their own flight from home and the struggles which led up to it are far less catastrophic and far more remediable than their parents' alienation.

Long-Term Needs and Long-Range Perspectives

Instead of trying to make young people fit into programs that were once successful, runaway houses tried to change their programs to meet the expressed and changing needs of the young people who use them. Early in their evolution, for example, a number of programs realized that, even after a 2-week cooling-out period, even after intensive individual and family counseling, some runaways would neither be able to return home nor live on their own. Skeptical of the need for hospitalization and dissatisfied with foster homes which refused to take or deal successfully with acting out, borderline, or psychotic young people, runaway houses began to create their own long-term alternatives to institutions (Gordon 1976, 1978a). At present, more than 40 such programs—evenly divided between group homes and individualized foster placement services—are operating.

The very existence of such facilities simplifies the work of the runaway houses which sponsor them and forestalls the disastrous alternatives which hover over many initial family sessions. Since an appropriate long-term alternative is available, neither runaways nor their parents need feel compelled to make decisions immediately. For the small group of young people who eventually do need to live in them, these group and individual foster homes offer the same kind of respectful and responsive living situations that they have grown to appreciate at the runaway house.

At the same time that they have improved their ability to deal with troubled young people and their families, runaway programs have also recognized the need to remedy some of the conditions which have helped produce these troubled young people: An adversarial position vis-a-vis the larger society has been tempered to an advocacy within it. Ten years ago, runaway house workers tended to condemn the nuclear families from which the young fled. Today, through outreach to intact families, lectures to churches and adult education programs, and efforts to organize civic improvement associations, daycare centers, block parties, etc., runaway houses are helping to augment and strengthen community supports for families they perceive as vulnerable and isolated. Counselors, who once helped runaways escape from social workers and police, are now helping social workers and police to understand and work with young people and to direct them to runaway houses.

As they have become sensitive to other needs, runaway houses have been quick to improvise other services. The particular problems of female runaways, 41 percent of all those who leave home but 60 percent of those who seek shelter and counseling at runaway houses, have prompted some runaway houses to offer special programs for young women. In girls' groups they have the opportunity to explore the conflict between the pride and the hope that the women's movement has helped them to feel and the pressures toward conformity and passivity which continue to pervade our society; to discuss their feelings about their sexuality and its implications for their relationships with parents, boyfriends, and girlfriends. More recently, runaway houses have created specialized counseling programs and residences for rape victims—as many as two-thirds of the young women at some urban houses—for young prostitutes of both sexes, and for young people who feel or fear they might be gay.

Similarly, runaway centers in large cities have become acutely aware of the needs of the Third World young people who live around them. With the abolition of many of the Great Society programs, the deepening of the recession, and the decline in employment and increasing fragmentation of their families, more and more of these young people have had to come out of the ghettos to seek help elsewhere. Urban runaway programs, which once housed no more than 10 to 15 percent Third World youth, are now working with a population that is overwhelmingly black or Hispanic, with a group of young people whose handicaps—material, educational, and vocational—are enormous. These houses have hired a proportion of Third World counselors to match the numbers of young people and have made efforts to address their specific cultural identities and economic needs.

In recent years, most runaway houses have tried to institutionalize their responsiveness to young people's needs, to allow themselves to evolve into ongoing living and working communities to which the young can continue to belong long after they have ceased to be formal clients. This informal aftercare permits young people who have returned home to continue to draw strength from the house. Some come back for formal counseling sessions, others just to visit. Virtually all of these programs also give young people the opportunity to participate actively in the house's work as members of boards of directors, participants in peer counseling programs, and counselors in training.

This concern for reversing the social and economic passivity of young people has also prompted runaway houses to create programs designed to help young people prepare themselves for useful work. At a time when as many as 60 to 80 percent of the young people in some inner-city communities can find no work at all, when many teenagers are bewildered and uncertain about their futures, runaway houses have begun to try to provide a bridge to an adult livelihood for their young clients. Some train young people to work as counselors, maintenance people, administrators, office help, etc., in their own and similar programs. Others have tried to extend the feeling of community and the intimate personal learning that pervades their own project to shopkeepers, crafts people, and local community businesses in which they place young people as apprentices.

Conclusion

For three centuries in America, running away was regarded as a sign of deviance, a symptom of delinquency, and a reaction against unquestioned and largely unexamined social norms. If possible, young people were to be swiftly reintegrated into their families and their society. Those who could not were to be isolated from the larger society and reformed through institutionalization.

In the 1960s, young people and their allies in and out of the mental health professions began to reverse this process of labeling and coercion. In the context of a supportive counterculture, in the shelter of runaway houses created to meet their needs, young people began to take their marginal status as a badge of revolutionary honor, to see their extrusion as a criticism of their families and their society.

In the 1970s, running away is neither heroic nor deviant. The experience of the 1960s and the continued high incidence of running away have helped runaway house workers to see the voluntary or forced separation of the young from their families as a reflection of widespread social disorganization and familial fragmentation, as a potential catalyst for family change, and as an opportunity to reverse the passivity and victimization to which our society urges the young.

Runaway houses cannot, of course, reverse the economic and social conditions which profoundly affect families and propel young people from their homes, or singlehandedly alter the contemporary treatment of adolescents. They can, however, continue to offer the

750,000 young people who each year leave their homes a time and a place for themselves, a chance to take a critical and often compassionate look at the families with which they have been hopelessly struggling, and an opportunity to make the difficult transition to adulthood in the company of older people who care. Their stubborn insistence on supporting the independence and strength of young people whom others would stigmatize and institutionalize, their ability to adapt mental health skills to their programs, their willingness to change to meet the changing needs of their clients, and their insistence on creating a community capable of dealing with the larger social and economic conditions which affect those who come to them for help combine to offer mental health professionals a new and vigorous model for working with the young.

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II

Innovative Mental Health Services

The chapters in this section are designed to provide readers with a feeling for the ways that runaway programs respond to the needs of young people and to show how these programs are shaped by and, in turn affect, the surrounding community and its institutions. The focus on family counseling and supportive community networks is evidence of a growing understanding that running away is often a product of long-standing family dysfunction and community disorganization.

Palmer and Patterson describe the family mediation approach they have adopted at the Bridge in Atlanta, and Jones, director of the Detroit Transit Alternative, emphasizes the necessity for flexibility in an urban runaway program which serves primarily minority youth. Libertoff, who headed the Washington County, N.H., Youth Services Bureau, and Bliesner, formerly executive director of San Diego Youth Services, discuss the role of supportive community networks in helping runaways and their families in rural and urban areas respectively.

If You Loved Me, You'd Take Out the Garbage

Wendy Palmer, MSW
and
Bob Patterson, M.Ed.

The Bridge opened in 1970 to help runaways and their families in Atlanta where traditional helping agencies were of little use to young people leaving home. These agencies viewed runaways as disturbed adolescents; leaving home, experimenting with new lifestyles, and using drugs were symptoms of disturbance. The founders of the Bridge saw running away as a symptom of a family in crisis. Their goal was to offer neutral territory where families assisted by counselors could resolve difficulties.

Today, the Bridge works with a wide range of families and couples. Because of their resistance to treatment and financial difficulties, most of our clients would not be reached by traditional mental health services which see these multiproblem families with their limited support systems as hopeless.

Foundations of the Bridge Philosophy

The Bridge's first staff members knew few theories of family intervention. We did what we did because it made sense and seemed to work. With the exception of Satir's writings, we found no theoretical framework which helped us to respond to the families we encountered. We knew that traditional treatment models would be ineffective because (1) psychotherapy involved too much time, (2) the individual rather than the entire family was the focus, and (3) the medical model included the assumption that many runaways were "sick." Different methods were needed to reach the goals envisioned for these young people and their parents:

- breaking out of unproductive communication patterns
- increasing youth responsibility and lessening parental overprotectiveness
- achieving personal power and individuation
- enjoying loving relationships within the family

Increased knowledge of the family as a system and the return of young people whose family problems had not been resolved led to the necessity of working with the entire family. In the early days, we often settled for counseling the runaway and one parent (usually the mother). We are no longer willing to accept the family's idea of who needs to be treated. Rarely do we see a family in which the identified patient is the only one with a problem. We view troubled families as systems which include troubled individuals with inadequate communication patterns.

As we developed our family approach, we borrowed from many theories. Satir's capacity to appreciate the intrinsic worth of each family member was inspirational. From Gestalt approaches, we learned to de-emphasize the past and focus on the here and now. The communication techniques promoted by Parent Effectiveness Training were useful to many of our families. From community psychiatrist Caplan—and the Chinese who first formulated the idea—we realized that crisis could be a time of opportunity as well as change. We also incorporated many of the ideas of family therapists Whittaker, Haley, Minuchin, and Bowen. In time, we developed a treatment model for short-term crisis intervention with families that was effective, easy to understand, and straightforward to teach.

Critical Elements of Bridge Family Mediation

We do not take referrals. To become involved in family mediation, a family member must contact us directly, in person or by phone. If one of the family members is reluctant to participate, we work with the person who contacted us to help get the entire family involved. We have had considerable success requiring that all family members participate. Meeting with part of the family generally further excludes the missing parent (usually father) and often more firmly entrenches him in the role of "bad guy." The family consciously or unconsciously conspires with the absent member to keep him out of sessions, which results in the frustration of needed change.

Many agencies have little success involving parents in treatment. Chaotic lifestyles and embarrassment about their problems are prominent reasons for parental reluctance to accept treatment. We try to deal with this avoidance by responding to parent needs. We assume that parents want to be good parents and we avoid condemning or blaming them.

Our focus is on the strengths that family members possess individually and collectively. Often family members are so embroiled in the issues bringing them to therapy that they have a hard time acknowledging the positive aspects of their relationships with each other. Far too often, families in trouble feel that they are completely helpless.

We teach family members how to reframe their attitudes about themselves and each other in terms of strength. For example, an overly controlling parent is usually seen as a dictator. We suggest to family members that beneath that control is love for others. While a rebellious teenager is easily labeled a "bad kid," striving for independence and responsiblity is a definite strength.

We are also committed to co-mediation. Whenever possible, two staff members meet with a family. Co-mediation helps mediators control the session and avoid being drawn into an overwhelming family system. Families are troubled because something in their process is counter productive. We feel it is important not to allow that process to take over during sessions.

We work to help family members share thoughts and feelings in a way that is nonblaming and constructive. For frightened and alienated people, trust is a necessary condition for change. Family members are helped to express their feelings, and the mediator enables those feelings to be heard by other family members. The mediator also prevents the old, dysfunctional communication patterns from continuing. Changing these patterns is the first step toward resolution of the family's problems.

Four Stages of Family Mediation

Stage I: Relationship Building

This is both the first stage of therapy and a theme that runs consistently through the work we do with families. The personal relationship between mediators and family members is our most important intervention tool. It is critical that the mediator(s) understand the family system. Once the mediator has a trusting relationship with each family member, counterproductive communication patterns which lock everyone into a role can be confronted. To teach family members new communication styles, the mediator reiterates four essential messages:

- In counseling sessions, family members will experience each other in new ways.
- Everybody's feelings and thoughts are important.
- The mediator will remain a neutral party who cannot be bribed or cajoled into taking sides in conflicts.
- The problem presented by the family is less important than the family members themselves.

> In the Maxwell family, the father is a blue-collar worker and the mother a part-time clerk. Ted, the 15-year-old son, is a runaway

who was charged with possession of drugs and skipping school. The court threatens to place Ted in a State institution if the family fails to get counseling.

Mrs. Maxwell calls for an appointment and is initially counseled on the phone to clarify the presenting issues and ascertain the family's collective willingness to participate.

In the first session, the parents complain that they cannot control Ted. Ted talks about his desire to be independent. Melissa, the 12-year-old, does not talk at all. The mediators encourage each member to talk about reactions to coming to counseling. The family's efforts to control the therapeutic process by talking for each other and escalating habitual, nonproductive battles are frustrated by the mediators who maintain control over the topics discussed and the participation of the members. During this first session, the mediators try to get to know and ally themselves with each member. They acknowledge Ted's desire for independence. They refuse to participate in a power struggle with Melissa to force her to talk, indicating that there must be reasons for her silence. They support Mrs. Maxwell's commitment to the children and reinforce the caring she expresses. They respond to Mr. Maxwell's desperation.

It becomes clear that an upsetting cold war between the parents prevents them from cooperating in raising the children. The parents are asked to keep track of their disagreements over parental responsibility and their anger at each other for other reasons.

Stage II: Facilitating Positive Emotional Sharing

Stage II enables family members to share their positive feelings. The mediator emphasizes the affection and concern that family members feel for each other. Habitual communication patterns obscure this caring, and family members generally feel attacked or discounted. This stage of family mediation is usually intense and complex. Family members want to show positive feelings toward each other, but lack of trust makes them reluctant to risk exposing their emotions. Their history of failure in communicating affection means that we must help them learn how to share positive emotions openly.

We teach family members to speak directly to each other and to speak only for themselves. "Instead of describing what your daughter does, would you talk about how you feel when she stays out late and does not let you know where she is?" "Would you tell your husband how you feel when he nags you?" "Please let your son talk instead of announcing what he thinks."

The second session begins with Ted reporting that his parents had a big fight. Ted is directed to talk about himself and, with

> much assistance, says he is mad at his mother for pushing his father away. He explores these feelings and concludes that he misses Dad and is scared he will leave. The counselors facilitate communication between Dad and Ted by directing their comments and by preventing Mom from intervening. Dad admits that he is relieved that Ted cares about him enough to be worried about his leaving.

During stages I and II, issues of communication and caring are the focus. Once a family recognizes that caring exists and has learned the skills to communicate these feelings, members are prepared to handle the more complex—and negative—issues of power and responsibility.

Stage III: Clarifying Power and Responsibility

A major difficulty in families with adolescents is confusion of caring, power, and responsibility. In many families, the failure to assume responsibility is viewed as reflecting a lack of caring. "If you loved me you would not make me come home so early." "If you loved me you would stop skipping school." "He does not do his chores, which means he doesn't care about me." A major focus of this model is to assist families in separating these vital issues. During Stage III, mediators assist the family to see who has what power, what responsibilities this power entails, and how both can be differentiated from affection and concern. A young person who refuses to come home on time can still care about his parents. Unwillingness to cooperate at home usually stems from feelings of powerlessness or lack of responsibility in the family system. All members are taught to value their role in the family and to share power.

> Mrs. Maxwell fights for control and attempts to discount the exchange between her husband and son. The counselors encourage her to express her feelings about the distance between herself and her husband. The parents report that they have a difficult time distinguishing their displeasure with each other's parenting from their unhappiness with the strained marital relationship. In fact, they have little significant verbal contact with each other except about parenting. The only way they *can* fight is by sabotaging each other in parenting.
>
> The counselors work with the parents on a recent disagreement regarding disciplining Ted. They document the similarity in the parents' underlying philosophies. They help the parents plan what they will do together if Ted violates this rule again. The counselors conclude the session by praising the parents' ability to set aside their fight temporarily and do some responsible, cooperative parenting. The counselors also suggest that one of

> the children will attempt to generate a return to the cold war. To prevent that, the parents must work together to keep their parenting separate from their marital disharmony.

Family members have learned some communication skills that assist them in this discussion. After relationships have been built between mediators and family members, communication among members facilitated, and issues of power and responsibility within the family clarified, then and only then is the family ready to seek resolution of the problems that brought it into counseling. To attempt problem resolution any earlier—and family members push for addressing their grievances from the beginning—does not permit communication patterns or power to shift in the family.

Stage IV: Problem Resolution

The preceding three stages lay the foundation for the mediator(s) to assist the family in decisions about the specific presenting issues. By the time the family reaches this point in the counseling/mediation, the problem has often begun to resolve itself. If there are still difficulties around specific issues, such as chores, school, peer relationships, etc., family members are encouraged to use their new communication styles and altered levels of power and responsibility to work out remaining problems.

> In the third session, the Maxwells report that Ted again skipped school. They grounded him, as planned in the previous session, but he left the house. The effectiveness of the consequence which they had imposed on his misbehavior was discussed. Ted was asked to suggest another consequence, and the parents reached an agreement about it.
>
> The parents had decided that, if they disagreed about what should be done with the children, they would find ways to deal with the conflict away from the children. Both had observed Ted and Melissa playing the parents against each other. They solved this by developing a way to present a unified front to the children, despite the cold war between them.
>
> Family members got some clarity about the link between Ted's problems and the marital difficulties. The mediators remind the family of the chaos which occurred when the couple was "getting even" by avoiding or striking at each other through disagreements about parenting. They contrast this with the comparatively good feeling when the parents work together. The mediators help the parents understand how they can avoid confusing couple issues with parent issues. Positive attention is also given to Ted for the responsible decisions he makes about his life.

> In these sessions progress has been made in understanding and resolving the presenting problem. Parents and Ted agree on how to handle his misbehavior. Ted is responding favorably to the limits. Melissa is beginning to speak up in the family, too. All family members indicate that there is no need to come back for another session at this point but ask if they can return later if needed. The mediators assure them that further counseling is available and offer to assist the parents in sorting out the marital difficulties at some later point if they so desire. It is recommended that the Maxwells check back in a month; this reassures the family that they have continued support.

Training in Family Mediation

We have developed staff training in specific mediating techniques for each phase of the model. We also provide intensive training and supervision for family therapists who come to the Bridge for internships. We tell families in treatment that trainees will observe counseling sessions behind a one-way mirror. Trainees view video tapes of family sessions and have the opportunity to counsel in co-therapy roles.

Because of the effectiveness of our model, we have been approached by many helping people outside the Bridge for training in family mediation. As we have expanded our clinical expertise in working with a wider variety of family problems, we have also enlarged the scope of our training. Local, regional, and national training of family counselors fits with our commitment to prevention and early intervention. Today, we train teenagers, parents, paraprofessionals, and professionals. We teach our model of family mediation, designing the training to fit the needs of particular groups of individuals working with particular kinds of families. We also lead seminars for lay groups on a variety of issues (e.g., "How to cope with teen years").

Conclusion

The four-stage family mediation model has been effective for counseling families with adolescents. The model depends for its effectiveness on a basic respect for young people and an understanding of family dynamics. Young people who are disaffected from their parents need assistance *in a family context* to break out of unproductive communication patterns, become more responsible for themselves, achieve more control over their lives, and enjoy more affection from family members. Our experience as mediators and as trainees convinces us that family mediation should be adopted by mental health programs which aim to meet the needs of young people and their families.

An Urban Alternative Service for Youth

I. Roy Jones, M.A.

Detroit Transit Alternative, Inc. (DTA) was founded in 1971. In 1972, a facility was obtained, the program was incorporated, and DTA began offering free 24-hour crisis intervention services to youth away from home. We offer crisis counseling, in person and by telephone, and an emergency shelter where young people can assess problems and develop alternatives. When young people leave the shelter, we maintain followup contact, including counseling.

In the beginning, the majority of youth seen at DTA were middle-class whites on cross-country sojourns who had left home somewhat voluntarily after value conflicts with their parents. Today, the black and white youth who come to DTA are experiencing the pressing problems of urban survival. In general, they have serious conflicts with their parents and leave only when they are physically, emotionally, or economically forced out of the home.

About 20 percent of the youth seen at DTA come from within six blocks of the program; 45 percent more come from within the city of Detroit, and 85 percent are from the Detroit metropolitan area. We estimate that 60 percent of our clients are black and 65 percent are female; 50 percent are from families living below the poverty line. Though the average length of their residential stay is 8 days, the figure is considerably higher for minority youth.

Our program is designed to respond to the needs of poor and minority youth. DTA helps them focus quickly on the options available for them as they attempt to deal with difficult and sometimes dangerous situations. We improve their mental health by giving them the skills and support they need to survive. DTA provides this assistance in several ways:

Physical survival and a safe place to live

Many of the young people have been living in a family situation or in a street culture which is dangerous to their physical as well as their emotional health. At least 25 percent of our clients have been seriously abused physically by their families or foster parents. Others have been involved in such dangerous and illegal street activities as dealing drugs, prostitution, gang warfare, burglary and armed robbery. Some, like a 16-year-old whom we recently housed, are in real danger from their criminal connections and need a safe and secret asylum from their previous associates.

Economic needs

Many clients come from impoverished families, but an even larger number are themselves poor, living on their own in abandoned buildings or on the street, without the skills or knowledge to find or hold a job. They desperately need job training and some kind of temporary economic security. Though we can provide them with a place to stay and food and clothing for several weeks, it is much more difficult to meet these long-term needs. Meeting their economic needs means helping them make a substantial change in lifestyle.

Increasingly, we have come to regard it as our responsibility to help them to find work and to develop their skills. At first we spent most of our time trying to connect the young people with Federal job-training programs. The slowness of these procedures, the demeaning manner in which some young people were treated, and the programs' apparent failure to train young people for jobs that actually exist have pushed us to turn to private industry—and in particular to the auto industry. The auto industry's desire for profits and its sense of the importance of community relations motivate it to develop programs to train young people for jobs that, they predict, will actually exist.

Counseling youth

In individual sessions, DTA staff try to help youth understand their own needs, develop the self-motivation that is necessary to use the DTA program, and survive after they leave it. Staff act as facilitators and educators, helping youth to become actively involved in understanding their home and school situations and in meeting their own survival needs.

Counseling parents

Counselors reach out to parents who are frightened by the social service and mental health bureaucracy and angered by techniques which seem insulting and blaming. Parents are helped to recognize that the problems in their families are not entirely the young person's responsibility. It is often difficult for these parents, who are themselves struggling with a variety of survival needs, to acknowledge the demands that they are placing on young people.

Bringing families together

Many of the youth who come to DTA have been living in poor, single-parent families that have their own special problems. Some young people have felt displaced by their parent's evident preference for a companion and have left home because they felt or were excluded by this preference. Sometimes a family session helps all members to see that the fights between the young person and the companion are really a symptom of difficulties that the parent is having with the companion.

In some cases, open discussion may enable all parties to work out an agreement and help the young person return home. Many times family sessions indicate that the conflict between the young person and the companion is temporarily irreconcilable, that the young person needs to give the situation at home some rest before attempting to return. At other times, it appears that the impetus for pushing the youth from the home really comes primarily from the parent. Here, DTA openly counsels the youth to leave home permanently: 25 percent of our clients turn out not to be able to return home and need long-term placement. In all of these cases, DTA does not want the parent to feel forced to accept the youth or the young person to believe that living at home is the only option.

Advocacy

Whether the youth returns home immediately, stays away for a while, or leaves permanently, advocacy, especially regarding financial problems, always accompanies the counseling. If a youth is being pushed out of the home because the family cannot afford to support the young person, as is sometimes the case, the worker must attempt to assist with financial planning and must provide case advocacy with creditors. If Aid to Dependent Children payments are consistently delayed, the family worker must intervene in an attempt to advocate with the welfare department. Often we find that solving these basic problems can relieve family tension and the consequent pressures on youth.

Providing youth counselors for youth

Although many DTA staff come from backgrounds similar to those of the youth they serve, young people continue to see these older staff as "part of the system." To bridge this gap, DTA employs three counselors who are under age 18. These young people are trained in crisis intervention and telephone counseling, but they are purposely not trained in case planning nor taught techniques of individual, family, or case counseling. The aim is for these counselors to be as independent as possible from the staff. We do not want them to take on our values.

Youth counselors associate freely and informally among their peers and establish trusting relationships with them. Former runaways themselves, they serve as examples of young people who have successfully negotiated problems of survival, resolved personal difficulties, and "made it." At house meetings and staff conferences, these youth counselors help the staff to avoid reading their own personal or cultural biases into the problems presented by the clients. Similarly, they help the clients to respond directly to the staff without stereotyping them.

Dealing with constant change

Though any program which works with large numbers of homeless young people must feel the shocks of the young people's situations and must change periodically to meet their changing needs, an urban program like ours must be particularly flexible and resilient. A group of young people who have lived together and have just begun to form some kind of group identity may fragment when one skilled con artist or street-wise bully comes into the house. The staff has to be ready to call special meetings, work overtime, and change basic rules to meet the real-life situation.

Similarly, the program itself has to change. When the collective and sometimes directionless style of the early 1970s proved unable to meet the requirements of funding sources or to keep things running smoothly in the shelter, we changed our structure to create a hierarchy which would provide needed efficiency without sacrificing flexibility and responsiveness. To work successfully with homeless and poor urban youth, providing them with the skills that they need to survive, we have had to become sophisticated about our own survival.

Perspectives on Services for Rural Youth

Ken Libertoff, Ph.D.

The characteristics that help keep the rate of running away lower for rural than for urban and suburban youth also create difficulties for them. Family problems are compounded for young people in rural areas by:

- isolation—Families become the center of a youth's life because of the distances from others and from activities.
- traditionalism—A traditional culture revolving around family, church, and work leaves little room for adolescent experimentation.
- inadequate transportation—Particularly during severe winters, young people may not be able to escape the family.
- fatalism—Adult acceptance of things as they are makes it difficult for young people to change the family.

These characteristics also make it more difficult to deliver effective services both to youth who leave home and to those who remain with their families. Most service providers in rural areas have borrowed models from urban services. Often these are not adequately adapted to rural needs. Years of national neglect have contributed to a lack of knowledge about contemporary life in small towns and villages. Most rural human service professionals are from and have been trained in urban settings. They begin as outsiders, and acceptance is frequently a long time in coming. Service providers bring their own expectations and values which may differ considerably from those of long-time residents. In addition, outsiders may have trouble understanding local values, thereby adding to a sense of antagonism.

Even after they are accepted and established in the community, rural service providers in Vermont face problems. Most communities or counties lack a well-defined social service structure. Professionals in the field often feel isolated and, in reality, often are. Because there are few existing resources, it is more difficult, at times impossible, to make referrals, to believe that these referrals are realistic, or to bring in special assistance when needed. Many rural human service practitioners become generalists, not because they choose to, but because of the lack of alternative helping settings.

In the course of trying to meet the needs of rural youth, it became clear to the Washington County Youth Service Bureau that new methods of service delivery had to be developed to be responsive to Vermont residents. Instead of borrowing from urban agencies, we developed a unique rural support network for youth and family in sparsely populated communities.

The Youth Service Bureau

The Washington County Youth Service Bureau is a comprehensive youth and family agency located in the heart of Vermont's Green Mountains. Montpelier, the State capital with a population of 8,500, is in Washington County. With the exception of Barre, a neighboring community of similar size, most of the region is composed of small towns and villages scattered across 714 square miles of rolling hills, small farms, and winding dirt roads.

The Bureau, a private, nonprofit organization, began 4 years ago. It developed in response to a growing number of youth problems in the region as well as the desires of several local citizens and agencies to coordinate scarce available resources. The director of the local community mental health center, seeing a need for an agency to meet the special needs of county teenagers, strongly supported development of the youth program. During its formative period, the Bureau concentrated its efforts in the drug-treatment field (with support from the National Institute on Drug Abuse) and in delinquency-prevention work (with support from the Law Enforcement Assistance Administration).

The Bureau has developed into a comprehensive rural agency. While the focus of the Bureau's work is still the adolescent population, there has been a pronounced shift to include families and adults. The organization has also become a community resource agency, sponsoring conferences, educational forums, and major social and cultural events. The Youth Bureau, for example, ran Montpelier's 4th of July celebration (1978), which attracted the largest crowd in recent history. It was well attended by young and old alike.

The Bureau offers a wide variety of treatment and prevention projects. Many forms of counseling, including family, crisis, and drug treatment, are available. The Bureau also runs employment programs such as youth-run cottage industries, several youth centers, and a number of educational and research programs. The Bureau has a broad funding base. Country Roads, its runaway youth component, is underwritten by the Federal Youth Development Bureau. Private foundations, the county United Way, and local communities support other aspects of the program. Each component coordinates with the others, working together as a total service system.

During the past few years, the agency has experimented with several different approaches to the delivery of youth services. Today, parts of each approach can be found in the Bureau's service model.

The Centralized Approach
Most of the programs and staff at the agency are located in Montpelier, the county's central community. This facilitates staff development, joint counseling, and interagency referrals. It places many resources close to the county's largest communities and promotes visibility.

The Outreach Approach
The Bureau has delivered services to many of the smaller villages and towns in the county. Outreach has involved establishing satellite youth centers in outlying towns. Another technique has been to assign staff members the responsibility for providing services in sections of the region. A more recent strategy is to link up with an already existing agency or business in an outlying town and use that location as a base of operation.

The Comprehensive Service Approach
The Bureau believes that most youth problems relate to family issues. To improve the life of a young person, the family network must be strengthened. During the last year and a half, the Bureau has established a strategy which promotes comprehensive youth and family services. The Bureau's attempt to provide services for teenagers *and* families requires better coordination among staff members, as well as with other service agencies in the region.

Country Roads

Country Roads, as the name suggests, was designed to serve runaway children in this rural region of Vermont (Libertoff 1977). The central concept of the project is the creation of a "network of supportive, helping families" who not only shelter and work with runaway children, but who become trained advocates for young people within their communities.

Most members of the community recognized several years ago the need for a program for runaway and transient youth. Local court and police officials were particularly troubled about the increased numbers of teenagers, most of them from local communities, who left home but stayed in central Vermont. Many of these youths were leaving home because of family problems related to physical, sexual, or psychological abuse. With no helping services, placement in the State reformatory or housing in a local jail were the few available options.

The development of the family and community service network model grew from a recognition of the inherent strengths within the local, rural environment. In this part of the country, family and community relationships are extremely important. The extended family still plays a significant role in north-central Vermont. If for no other reason than sparse population and the harshness of the weather, these reserved and independent people are caring for their fellow townsfolk and village dwellers.

A majority of roads in Vermont are unpaved. Particularly during the winter months, they take on a character of their own; residents often identify themselves and their community in terms of their road. From this came the name Country Roads, reinforcing the area's own definition of community.

Along with a sense of community, this region offers a sense of permanence and stability. Change comes very slowly, and the continuity of the residential population makes their involvement in a service network a potentially long-term asset.

In the early months of 1976, Bureau staff members were becoming increasingly aware of and concerned about young people who were leaving home prematurely. Workers were being called upon regularly to assist youthful runaways and transients. Many of these children were having great difficulty getting along with their families. Others were faced with physical and psychological abuse, school problems, unwanted pregnancies, or extreme poverty.

Assessing the situation, Bureau staff determined that running away was often a symptom of individual or family problems. Other professionals agreed that existing services did not adequately address the problem. Townspeople expressed a desire for a new service project but resisted the idea of opening up a runaway house because they feared such a facility would encourage young people to run away.

Country Roads proposed developing a supportive family and community network: training local residents throughout the county to provide counseling and shelter for teenagers in crisis on a 24-hour, 7-day-a-week basis. Over the past several years, the bureau has developed a network of families who are trained to assist, support, and work with young people. The Bureau adhered to local values, keeping services community based and responsive to family needs.

Once funding was secured, the project director began to recruit families and adult members of the community. She spoke to service groups and clubs, posted notices in local newspapers and farm journals, and visited general stores and meeting centers, explaining the concept of the Country Roads program. The response of the local population was excellent: Farm families, retired couples, young professionals, blue-collar families, and single-parent families offered to become "shelter parents" and join this community-based network.

One of the strengths of the program is the diversity of families who become involved as shelter parents. The philosophy of a supportive community network is that young people will be helped to find an alternative to home while they work on their family and school problems. Sometimes it is important to place a young person with a family almost identical to his own. In many other cases, gaining a perspective on his natural parents occurs as a result of placement in a family very different from the home to which he is accustomed. Some young people are troubled by living in an extremely isolated rural area and profit from placement in a family in Montpelier. It is essential that others remain in their own school; distant placement is not effective. A network of diverse families scattered around the county permits selective placement to best meet the needs of each young person.

The family selected to be a shelter home must agree to participate in a comprehensive training program. Although the format of the training varies, the general topics include counseling skills, methods of communication, issues of discipline, background information about runaway children and child abuse, confidentiality, and future planning. The training program is carefully designed to reach the common denominators among the diverse families of shelter parents. Training is not directed at human service delivery, but at augmenting their natural parenting skills. Community ties are emphasized as resources for effective shelter parents. Participating families receive a stipend for attending these monthly training sessions and for housing runaway youth.

"Roadrunners," another Country Roads project, is itself a supportive community network—a peer-counseling program: Youth and adult volunteers provide special assistance to families served by Country Roads. Roadrunners' training is an exciting process involving three groups of youth and adult trainees in weekly meetings for several months. Some of these peer counselors are exclients of Country Roads. As a result of the group, their lives have a new reference point: They are involved in the successful experience of being trained to counsel others and of developing positive relationships with peers and adults. Through Roadrunners, they develop their own supportive community which helps them personally and enables them to help others.

In addition to the shelter parent meetings and Roadrunners, the Country Roads program has organized several other support groups:

- Parents' Support Group—focusing on the needs and worries of parents who may not have experienced a runaway episode but are troubled by a multitude of family problems

- Young Pregnant Women's Group—helping these young people cope with a not uncommon, but often hidden, problem which sometimes results from incest
- Rap Group—for people interested in solving individual, family, and community problems

These groups do not involve shelter but offer a continuing source of support for individuals with family problems who previously had few places to turn to. Though they deal with controversial and embarrassing issues, the Country Roads' groups are all based on a fundamental rural community value: They rely on small gatherings of local residents to support *each other*.

Since Country Roads began, it has provided more than 5,000 nights of temporary shelter to 74 youths. The housing is supplied entirely by the community-based network of shelter parents. Counseling and family mediation have been provided for an additional 72 youths and families. Thirty-one shelter parents and 19 volunteer Roadrunners have been trained. Approximately 25 adults have participated in parent groups. The program has also maintained an average of 150 monthly contacts with teenagers and families throughout the central Vermont region.

Conclusion

The Youth Bureau and its Country Roads program are examples of new agencies working to improve the social welfare and mental health of rural regions. These programs demonstrate that one cannot simply "deliver" services to clients: It is vital to engage local communities in the development of appropriate service models.

One of the central tenets of this runaway project is that rural communities retain an important sense of family and "neighborhood" strength. Within these communities, traditional structures—individual families, churches, general stores, etc.—play a central role in dealing with social problems. Rather than superimpose a service project on a region, the Youth Bureau attempts to incorporate itself into the social fabric of the county. In doing so, the Bureau believes it is fostering a process of increasing citizen involvement and control while improving the skills and resources of families in the region.

Country Roads offers a model for a relatively low-cost approach to an important social service. By establishing community-based programing, which depends primarily on the development of community resource people rather than on highly trained professionals working in a centralized setting, this model can be applied in villages and towns, as well as larger communities.

Through support groups, a network of shelter families, and the peer/volunteer supervision program, Country Roads is a runaway project which effectively serves rural youth. It uses supportive community networks to handle the special obstacles presented by isolation, fatalism, and traditionalism in Vermont and to respond to the unique needs of rural youth and families.

Securing the necessary fiscal resources to develop and maintain projects like ours is, however, difficult and frustrating. For the last 20 years, Federal funding initiatives have maintained a clear urban bias. Rules and regulations that might be appropriate to projects in large American cities are often unworkable in rural regions. Research abilities are not as sophisticated as they are in urban settings. These realities reduce the probability that projects from Vermont will obtain Federal support monies. Given its modest economy, Vermont is also unlikely to have resources within the State to meet existing social service needs. Although the Washington County Youth Bureau has developed an effective model for rural support networks, its implementation elsewhere requires changes in attitudes toward rural areas and funds for services to isolated communities.

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Community Networks: A Service Strategy for Urban Runaways and Their Families

Jim Bliesner

San Diego Youth Services (SDYS) is a three-component alternative youth service program which uses a community-based network as a major prevention, treatment, and aftercare strategy. The goal of "networking" is "to create and promote support systems for youth, families, and communities toward the enhancement of their social, economic, and political options" (Bliesner 1977). This strategy is particularly effective in reaching runaways and their families.

Networking as a service provision strategy emerged from our view of contemporary urban society as impersonal, rootless, alienating, and isolating. These conditions foster fragmentation of individual and family life. For many people, self-esteem, self-actualization, and a sense of belonging are unattainable because of economic, social class, or ethnic barriers or simply because they inhabit a large, complex system. Social norms and values are constantly shifting, and role definitions are no longer clear. One consequence of an alienating, impersonal urban society is the frequency of young people running away from, or being pushed out of, home. In response, efforts must be made to devise and foster means by which people can comfortably and productively interrelate. Concepts of networking provide a theoretical approach to developing these interrelationships.

The theory of networking is based in the literature on voluntary associations. Labor unions, churches, political clubs, ethnic groups, etc., have been viewed historically as dynamic aspects of a functioning democracy. Created for mutual support, economic, and political power, voluntary associations also serve to translate the complex systems of society to newcomers and to define individual, family, and group norms. Contemporary theory and practice have been described and implemented by several individuals. SDYS's concepts of networking derive from the work of Speck, Attneave, and Rueveni. Its use in a mental health context involves a process by which an extended family of 30 or more friends or relatives meets for a limited number of sessions to review, confront, and support a specific client member of that family (Reuveni 1979). This technique of mobilizing a support system during times of emotional crisis is directly applicable to problems caused by urban alienation, problems which often seem beyond the scope of traditional treatment strategies.

At SDYS we define "networking" as *the process of creating and using systems of mutual support.* These systems can enhance personal and social functioning and resolve individual, family, and group dysfunction. Networking aims to empower individuals, families, groups, and communities. It helps people to have others who are accessible—because of neighborhood bonds, cultural similarity, age, etc.—become reliable sources of support.

Most literature on the subject focuses on the process of pulling together existing but nonfunctioning systems. Participants are assumed to be able to identify and use such support systems once they are functional. In such a situation, the network facilitator can mold an effective response from the existing, relatively trustworthy, and caring affiliations which exist.

Where such affiliations do not exist or where people are unaware of them, facilitation will not be successful—a reality for significant and identifiable segments of society. To respond to situations which lack networks, we revise Rueveni's approach, which relies on existing (if inadequate) support systems among family members. The need is to devise such systems, always recognizing that "The planning and designing of people networks is still in its infancy . . . . [but] represents a major opportunity for advancing a wide variety of national, personal, and emotional objectives" (Cohen and Lorentz 1977).[1] As such, the creation and use of networks can be an effective strategy for meeting the mental health needs of youth, families, and communities.

People who lack support networks are more likely to suffer mental illness. To the extent that runaways have conflicts with their families, weak ties to peers, and limited support from their school environment, they are a high-risk subgroup of alienated people.

Youth Needs for Supportive Networks

Youth are often particularly isolated in this society. As teenagers break away from their families, ties which once offered support often become unavailable. Struggles with authority also result in alienation from school and from adults outside the family. Some teenagers turn to their peers for support, but the alienation and powerlessness of adolescence often reduce the effectiveness of peer groups as support systems. Some adolescents do not have peers to rely on; and alienated youth often turn away from potential sources of support, such as youth groups, recreational clubs, or encouraging adults.

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[1] This paper derives from the authors' experiences with network-formation activities which have been conducted by Seymour Sarason of Yale University for the last 4 years. A more complete view of their understanding of networking may be found in *Human Services and Resource Networks*, by S. Sarason, C. Carroll, K. Maton, S. Cohen, and E. Lorentz, San Francisco: Jossey-Bass, 1977.

Runaways exemplify alienated, isolated youth. Many runaways and their families are unable or unwilling to use support systems. The National Statistical Survey on Runaway Youth documents this isolation:

- Runaways are most frequent where systems of support do not exist or are not used.
- During the runaway episode, a youth's ability to use support systems is generally not enhanced.
- Without experience in using such networks to resolve problems, the potential for repetition and escalation of critical situations is increased (National Statistical Survey on Runaway Youth 1976).

The Survey describes the need for support networks for runaways:

> [I]n more than half the instances, returned runaways consulted no one about their problem prior to running away . . . . Statistics indicate that Comparison Youth may be more likely than their Returned Runaway counterparts to discuss problems with both the immediate and extended family, as well as with their friends. This may indicate that one of the major differences between these two groups of youth was that the Comparison Youth had (or else felt they had) far more outlets with people in whom they could confide.
>
> . . . Sizable proportions of [runaway] youth . . . felt no one would be helpful. It is not that runaway youth regarded themselves as overly self-sufficient . . . [They] simply did not know what kinds of services or assistance would be helpful. It is also our feeling that these youth, possibly through lack of trust, might have been very hesitant about accepting certain services (National Statistical Survey on Runaway Youth 1976, p. IX).[2]

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[2] This document represents a "national probability sample of 224 runaways (Returned Runaways), as well as a purposive sample of 411 runaways who had not returned home at the time of the interview (nonreturners). These nonreturners were interviewed in 40 metropolitan areas nationwide . . . Both runaway groups will be compared to a national probability sample of youth who have never run away" *(Comparison Youth*, p. 19).

A review of emotional characteristics of runaways shows that runaway youth experience fewer instances of emotionally supportive relationships between themselves and their parents. The ability to experience ways of relating which are supportive and trustworthy and which teach a person to rely on such relationships in a nonexploitive manner are likewise decreased:

> The major difference in child rearing practices between Parents of Runaways and Parents of Non-runaways dealt with the amount of assistance offered by parents, communication with the youth, comfort offered to the youth, and expressed happiness upon being with the youth . . . Parents of Non-runaways tended to be happier when with their children than were Parents of Runaways (National Statistical Survey on Runaway Youth 1976, p. 34).

In reviewing the experience of the runaway in the context of school, we find:

> . . . . on the average, Non-returners tended to be the most excluded group from activities with their peers, followed by Returned Runaways, while the Comparison Youth were the least excluded . . . . What may be concluded . . . is that the high degree of school avoidance among some runaways is related to their nonacceptance by peers in school. . . . youth who run away do not see themselves as being as favorably regarded by teachers as do youth who do not run (National Statistical Survey of Runaway Youth 1976, pp. 42-44).

The Survey's data on use of potential networks of support within the school system, which could ostensibly make the school experience somewhat palatable, indicate the inability or unwillingness of runaway youth to seek necessary aid:

> Comparison Youth were far more likely than youth who had run away to belong to a church group or club. . . . It is the absence of such cohesiveness as characterized by church or club membership which is characteristic of many Runaway households.
>
> The significant finding in this case is the lack of group membership observed among Runaways . . . . 52% of Non-returners and 62% of Returned Runaways, compared to 44% of Comparison Youth, claimed no group affiliation (National Statistical Survey of Runaway Youth 1976, p. 47).

In conclusion, the incidence of running away is high among youth who lack affiliation with friends, families, and social activity groups. Presumably weak supportive relationships contribute to a youth's alienation and decision to leave home. Furthermore, the weaker the systems of support, the less likely a runaway is to return home.

SDYS' Strategy for Developing Supportive Networks for Isolated Youth

The development of supportive networks for youth involves counteracting the isolation described above: Youth need to have access to others whom they can consult about serious problems which may lead to running away; youth need to feel that others can be helpful to them; parents or other significant people must be able to offer comfort and approval.

There is a need for networks, and a response is being made. It can be measured by the burgeoning numbers of mental health workers: a wide array of helping persons who serve as emotional resources to isolated, alienated clients. These systems of relationships are unnatural, are a setup for unrequited dependency and lead to greater alienation. A classic response to social workers is "you don't care, it's just your job."

How can *natural* networks, support systems for isolation individuals to call upon, be established? Defining and creating networks requires a twofold initiative: a community development approach and a social service approach. *Community development* is a process of addressing community identity and structure. A viable community must contain institutions or processes that provide for economic self-sufficiency, safety, and a sense of belonging. Organizing self-help groups around these needs is the first step. Examples of needs are jobs, community safety programs, responses to delinquency, area planning, recreation, and activities designed to promote individual and community identity (publicity, block parties, cultural events).

From a *social service* perspective, a network might include delivery of service (with a focus on self-help) by a field worker. The approach of the field worker is pragmatic and oriented toward solving problems. Clients are identified through outreach. Once a case is defined (due to an unsolvable problem like welfare, family stress, running away or delinquency), the field worker, in the process of developing a response, defines linkages that the client can maintain. Expansion of the network can occur by including the client and friends, who may by now also be clients, in community self-help groups created to respond to shared concerns.

The facilitator must address the process of connecting members of the group to each other as a means of alleviating stress or crisis. Developing trust is a key responsibility. In addition, the worker must help members clarify individual strengths and weaknesses so that participants call upon each other in a reasonable and effective manner.

The aim of this facilitation is to create a self-sustaining network. It is hoped the network will expand as group members are introduced to friends of other group members through community activities. The role of the worker diminishes, and he can move on to the next group.

At SDYS, we attempt to help youth and their families develop an understanding of the ways in which they are connected to others in their neighborhood and how they can use these connections to maximize their ability to respond to personal and shared problems. Our goal is to facilitate creation of a self-help community around each young person which can meet the needs of a majority of its members. We have found that young people need assistance in two major areas:

- immediate survival needs and situational crises
- long-term developmental goals

In crises, developing access to resources and teaching problem solving or survival skills are the networker's primary tasks. Once a strong self-help group has been formed, long-term developmental goals will be handled naturally among group members. Youth struggling with problematic family, school, and peer relationships can discuss these issues with other youth who are successfully struggling with similar difficulties. The network facilitator gradually assumes more of a support role, offering resources when the young people need them.

A Case Example of Networking as a Prevention, Treatment, and Aftercare Strategy

> Juan and his family live in a low-income section of San Diego. He has three brothers and two sisters. He is in the middle according to age. His father is unemployed and an alcoholic. His mother is frustrated with the father and, unable to bear the strain of the home situation, spends very little time at home. She spends her time "on the town." Juan's older brother and sister have quit high school and work at menial jobs. Both have been arrested for minor crimes. Juan has been arrested for car theft and is on probation. The younger children attend school sporadically. Juan has "run away" frequently and usually sleeps in laundromats or garages. He attends school sporadically and has been "transferred for the last time."
>
> Juan has come to the attention of SDYS through outreach done by adolescent peer counselors in Juan's neighborhood. He knows one of the peers, vaguely, from a class at school. He agrees to participate in a weight-lifting club sponsored by the

> program. He attends a group session which is a part of the activity. Included in the group is information about the runaway program. The next time Juan leaves home, he heads for the runaway house.

Had he not run away, Juan's continued participation in SDYS' outreach activities would have been an example of successful prevention of crisis through networking. In the weight-lifting club's self-help sessions, young people support each other in their struggle for survival (e.g., by warning each other about bad drugs for sale on the street). The support group turns to the streetworker when they feel that one of their members is in trouble (e.g., someone needing urgent medical care but unable to seek it out himself). Preventive networking can also take the form of locating jobs and helping young people become successfully employed.

Networking must include attention to pressing survival needs. Evidence of immediate return for their investment of time and energy can increase the willingness of low-income families to subject their personal lives to public scrutiny.

> Upon his admission to the runaway house, Juan's parents are contacted and reluctantly agree to attend a meeting with Juan and staff the next day. At that meeting it is suggested that another meeting would be held and it will include the rest of the family. It will be at their house and will include Juan's peer counselor friend. At that session a prolonged discussion about the family's reliance on each other and about their ability to seek support from others is initiated. The idea of networking is introduced. But after a series of relapses and flare-ups, Juan decides he wants out for good and is placed in a foster home. While there, he participates in a variety of recreational activities with other adolescent foster children and attends a group which focuses on relationship building and explores a variety of options for the future.
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> While Juan is in foster placement his family is encouraged to participate in a variety of activities occurring in the neighborhood. Gradually, Juan's father learns to participate in an alcoholism group of community persons. Through the group and program staff, he locates a job. Juan's mother decides to attend a neighborhood women's group rather than going out on the town.

It is our assumption that an individual's problems are intertwined with the community in which he lives. We use family networks to help individuals understand that relationship. Speck and Attneave (1974) describe how a professional with a psychiatric orientation facilitates a functional resolution of emotional problems through the collective effort of persons interested in a client's well-being. The essence of his view of family networking is the assumption that "none of us is as smart as all of us." In our work, the runaway episode is the crisis which justifies the convening of a family networking session. The runaway episode may be viewed by the youth and his family as sufficiently problematic to produce an outpouring of support. However, the runaway episode is also a sign that the existing family supports are weak. Networking as a treatment strategy involves (1) demonstrating the lack of adequate support networks in the youth's life and (2) developing and motivating youth and family to strengthen supports. The primary task of treatment sessions become the development of a functional network capable of resolving recurrent crises.

> After 6 months Juan decides he wants to return home and is encouraged to do so by his social worker, family, and SDYS staff. He volunteers in the peer counseling program and involves his younger brothers and sisters in a tutoring activity. A series of three meetings occurs upon return and discussion ensues about the family's new functional network and its potential.

The purpose of networking in aftercare is to ensure ongoing developmental activities. For youth returning home, an appropriate aftercare plan might include continued development of the family's support network and its linkage to similar family networks. A network of families who have experienced a runaway episode can become a system of mutual support.

Aftercare for youth who choose a return to the street should also include training in development of self-help networks which emphasize independent-living skills. This can discourage destructive activities (prostitution, theft, drugs, etc.) often engaged in by youth lacking viable alternatives. Continuing contact with the runaway facility as a resource to assist in further network development is helpful. Runaway facilities can hire emancipated youth as outreach workers to encourage the use of alternative resources by the street network.

Foster care presents another model for implementing networking in aftercare. The role of the networker in this situation is to build supports for the new family. This can best be accomplished by encouraging networking between foster families. This network can assist families in defining and resolving common needs and problems, function as an advisory body to the program, and engage in advocacy for improved foster care programing.

Conclusion

Running away can be attributed to the lack of effective family, service, or community supports; and the development of networks of support is an effective prevention, treatment, and aftercare response. The process for developing these supports requires relatively simple techniques designed to facilitate trustworthy human interaction.

In the past, people defined themselves by their networks. With the decline of kinship groups and strong neighborhood feeling, fewer natural support networks exist. Youth, in particular, are experiencing extreme isolation. At SDYS, we attempt to respond to this isolation and the lack of natural support systems by developing family and community networks to support youth through crises.

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III

Peer Counseling

Since their inception, runaway programs have respected the capacity of young people to help themselves and one another, including them on their staffs and boards of directors. In times of diminishing resources and high youth unemployment, more and more programs have enlisted the help of peer counselors. In this section, Diane Weger, a volunteer peer counselor at St. Louis' Youth Emergency Service (a program that works primarily with white middle-class young people), and Darlene Stewart, a paid peer counselor at Bruce House, Washington, D.C. (a program whose clientele is predominantly poor and black), describe their experiences.

A Unique Approach to Peer Counseling

Diane Weger

A peer counselor is an individual who provides counseling to another individual of approximately the same age. Although the age range is not defined, it most commonly refers to young people between the ages of 13 and 17. Youth Emergency Service (YES) in St. Louis, Mo., has taken the term "peer counselor" and applied it to both youth and adult volunteer counselors. Peer counselors provide direct services and carry out organizational and administrative tasks. Recipients of these services (24-hour hotline; temporary housing; individual, group, and family counseling; long-term residential care) are not only youth but also parents and other adults who, like the youth, are seeking support, information, and help in planning and decisionmaking. This chapter deals specifically with the youth peer counselors who have been an integral part of Youth Emergency Service (YES).

In 1968, a group of young people recognized the need for a program designed to assist youth in crisis. This group, consisting of three junior high school students, with the assistance of a teacher and a social worker, initiated a crisis hotline. A local church donated an apartment, and an individual contribution covered telephone expenses. Youth Emergency Service's nonsalaried staff grew to approximately 25 volunteers. In 1972, YES received its first funding from United Way. It has grown to be a multifaceted service-delivery agency with a broad base of community and governmental support. Although YES has grown and seen many changes, it still adheres to the philosophy of its founders: The volunteers believe that the young people who call the hotline seeking counseling or referrals can best identify with someone near their own age.

YES now operates with approximately 65 volunteers, 75 percent of whom are youth. Youth peer counselors, like the adult peer counselors, are individuals in the community who possess a genuine concern for young people facing family, personal, and situational crises. The majority of the youth counselors at YES are high school students who have come to YES to express and act on their concern. Those youth counselors who are not in high school are college students or are employed in various jobs. A small percentage of the youth counselors have at one time received services from YES through the hotline or housing facilities. Many of the youth counselors have an interest in the human service field and see their work at YES as an important and helpful experience for their future.

All of the volunteer counselors at Youth Emergency Service must participate in an initial 36-hour hotline training course conducted by three or four previously trained volunteer counselors who are supervised by the agency's volunteer coordinator. The training is designed to provide hotline volunteer counselors with the listening skills, information, and self-awareness necessary to intervene effectively in crisis situations. Speakers from other public and private social service agencies are often used to help with the training. Hypothetical phone calls—role playing—in small groups with a group leader have proved to be the most useful training device. The role plays of parents calling with family problems led me to a better understanding of a parent's point of view in a family crisis.

After completing the hotline training, those volunteers who wish to become involved in residential and family counseling are required to participate in a second 20-hour training course. The training focuses on face-to-face counseling and involves a great deal of role playing. Using actual cases, volunteers take the part of the counselor in interactions with the client and family. Counselors who develop family counseling skills experience growth both as people and as volunteers: Observing patterns of family interaction and helping individuals and family members to respond to one another in more caring and appropriate ways often help them to see new ways of looking at their own families and to find more positive methods of solving problems.

Once the youth and adult counselors have completed the hotline training course, they are required to staff three telephone shifts per month for 3 months. Each of these 4- to 5-hour shifts is covered by two or three counselors, usually an adult and two young people. This type of phone coverage is ideal because it provides youth and adult callers with peer counseling. The hotline receives approximately 6,700 calls each year; most are from parents or youths with family problems. Parents often find that talking with a youth counselor enables them to understand the youth perspective. Occasionally, adult callers question the credentials of a youth counselor. The response is simply to explain to the caller about the counselor training and, more importantly, that someone cares.

One phone call involved a 16-year-old girl with family problems who felt that the number of household responsibilities given to her by her mother was unfair. Her frustration and anger toward her mother had reached the point where she saw running away as the only alternative. In discussing the possible consequences of running away, she decided that a more effective solution would be to discuss her feelings with her mother. Although this decision seemed simple, she was very uncertain about how to approach her mother and what to say. After a roleplay of a confrontation between her mother and herself, she tried out different approaches. This roleplay allowed her to get an idea of what she wanted to say and how to respond to what her mother might say. Throughout the roleplaying, she became more confident, and, when the call was finished, said she felt very comfortable with talking to her mother about the situation.

If a youth or adult counselor chooses to participate in the family counseling training, he is then able to provide counseling to the residents at YES and to their families. YES can provide temporary housing for a maximum of 12 youth (six girls and six boys) between the ages of 12 and 18. Each of the residents is assigned a youth and an adult counselor. The average length of stay for a resident at YES is 2 weeks, during which time he is responsible for meeting with his counselor on a daily basis. These counseling sessions focus on helping the resident work out his family conflicts and on finding alternative long-term housing. Usually this work involves counseling sessions with the resident's family. Both the adult and youth counselor are present at these family sessions—the youth counselor to give support to the resident and the adult counselor to give support to the parents. Although the youth and adult counselors often work with the resident from different viewpoints, they work together as a team, specifically concentrating on effective means of communication. When youth and adult counselors work as a team, there is the opportunity to demonstrate to families how counselors (youth and adult) negotiate differences; their effectiveness encourages parents and children to do the same.

Steve, a 15-year-old runaway, was referred to YES by the St. Louis County Juvenile Court. It would have been his second time in detention had he not been placed at YES under an alternative-to-detention court order. It took three individual counseling sessions before Steve was able to share his feelings about conflicts at home. He lived with his stepmother and two stepsisters, and, he said, a day never went by without an argument. Steve felt that the situation at home was interfering with his school work and his relationships with friends. He felt it caused depression and made him moody. After the first family counseling session, it was apparent that Steve's stepmother was also unhappy with the conflicts at home. The first plan, working toward having Steve return home, was changed because it was felt to be inappropriate at the time. The final decision was to place Steve at the YES group home.

The involvement of the youth counselor at YES is not limited to direct service delivery. Many youth counselors serve on the board of directors and on various committees. The board of directors at YES is comprised of nine nonvolunteer members and 10 volunteer members, a majority of whom must be youth. The president of the board of directors has always been a youth, and last year both the president and the vice president positions were filled by high school students.

Youth and adult counselors serve on publicity, fundraising, program services, and other committees. Each committee meets monthly to design and implement projects. The publicity committee, for example, is presently working on a brochure which will outline the services provided by YES. Serving on a committee allows interaction with other people and service groups in the community.

The youth counselor's role is clearly defined and respected by the staff and other volunteers. Although there may be personal difficulties with feelings of being unsuccessful, there is always someone, a volunteer or a member of the staff, willing to lend an ear and give reassurance.

The success of YES is attributed in large measure to the active participation of the youth and adult peer counselors. YES was built on the philosophy that counseling provided by peers can often be the most beneficial aid to an individual or family in crisis. YES is totally committed to this philosophy and feels that any violation of it would result in the loss of the agency's uniqueness, if not its capacity to provide services.

Peer Counseling at Sasha Bruce House

Darlene Stewart

While writing this paper on peer counseling, I felt the need to share parts of my personal life. I not only want you to learn about peer counseling, but I want you to get a feel for young people. I want you to put yourself in our place. I want you to remember the feelings you had as a teenager. Even though the times continually change, we have the same feelings today that you had as a teenager.

I was born and raised in Washington, D.C. I come from a family of six children. My mother was very young. She was confused about where her own life was headed. Our father was not there. I was basically responsible for myself.

I was raped at 13. I tried to kill myself. I went to a mental hospital for a 30-day evaluation and was kept 90 days. I returned to the same family. At age 14, I got a robbery charge which was dropped. Another suicide attempt put me back into the mental hospital, and they released me—again, nothing changed. At age 15, I dropped out of school. I never expected to return. I was into drugs. I was convicted of manslaughter and went to a juvenile jail, a private program, and again to the mental hospital.

I met two people who took an interest in me. They helped me find myself. They helped me learn to take care of myself. I had been using my intelligence to con, steal, and destroy myself. They helped me turn these survival skills into tools for living so I could come out on top instead. Now I can profit from all those experiences. Things changed for the better for the first time in my life.

Now I am 19 and find myself working in a private nonprofit organization dealing with young people very much like I once was. I learned from experience that every young person needs someone to say, "You make a difference." I am trying to say that to the young people who come to this program.

I came to the Bruce House in the summer of 1977 as a volunteer. One of the people who had helped me was on the board of directors and later started the peer-counseling program. As a volunteer, I took the residents on outings, cooked meals with them, did followup work, and started learning how to do informal counseling. I became a peer counselor in October, 1977, when the Bruce House received funds to train four peer counselors.

Washington Streetwork Project

The Washington Streetwork Project (WSP) was organized in 1974 in response to a perceived gap in services for youth in crisis and their families. WSP opened the Bruce House 3 years later to house 12 youth (ages 12–17) for up to 5 weeks. WSP seeks out youth who are alienated from their families; they are the ones who usually do not get services and might not ask for help themselves. Almost all the residents are from Washington, D.C.'s inner city. Many are homeless and need to stay for months while the staff help them find places to live. I can relate to their experiences because their backgrounds are similar to mine.

The Bruce House requested funds for peer counseling from the Neighborhood Planning Council which gives Department of Recreation money to small, community-based educational and recreational programs. As one of seven projects in the neighborhood to be funded, the Bruce House received $5,000 to pay four peer counselors for 5 hours of work a week and one supervisor for 10 hours a week. The Bruce House interviewed young people from all kinds of backgrounds and hired four females from 15 to 17 years of age. This is the second year of the peer-counseling project. We have more money from the NPC: Four peer counselors now work 10 hours weekly. In addition, the Bruce House has hired me to work 20 hours a week to help coordinate the peer counseling program.

Why Have a Peer Counseling Program?

The basic idea behind peer counseling is that a young person with similar experience can understand a teenager in crisis in a special way. We don't try to do the job of the residential counselors, but we don't think they can replace us either.

The Bruce House is somewhat different since the peer-counseling program began. We have brought a special kind of knowledge to the House. We understand what the residents are going through—at home, on the street, in school, and in the program itself. We can act down to earth with them without playing the games that staff sometimes get caught in to get information. The residents bring their anger to the peer counselors; we can help them take it to the staff. Because we still live at home with our parents and deal everyday with the family problems residents have, peer counselors can support the youth point of view in family-counseling sessions. In short, peer counseling *works*. Peer pressure is the most effective way to get to a young person.

If an adult counselor asked a teenager why he didn't go to school, the resident is probably going to lie. If the peer counselor says, "What's happening in school to keep you away?" he might respond more honestly, "I can't stand it. They treat me wrong." I can understand his feelings, and we can talk it over because he knows I am still struggling with school myself.

Another reason for peer counseling is that you are teaching a skill to young people. We are taking a talent and developing it into something useful to help residents and to get employment in the future. It feels good to help others and get paid for it.

Goals of the Bruce House Peer Counseling Program

- Being a friend who makes you feel wanted and cared about in a special way
- Being someone to trust who listens no matter what you do
- Being a good role model
- Leading activities—sewing, tutoring, cooking, crafts, taking field trips, listening to music
- Planning group meetings

Training for Peer Counselors

The WSP director and the coordinator of the peer-counseling program provided training. We used written materials prepared by the trainers and did role playing. We had training sessions weekly for 2 months and learned about:

1. Empathy—when and when not to give feedback
2. Listening—most people don't know how
3. Identifying feelings—how and when to respond to them
4. Trusting
5. Encountering problems—what to do when you don't feel successful

In addition to training, these meetings gave us a chance to know each other and work together as a group. We have used this closeness to share problems we come up against. We meet weekly as a supervision group with the peer-counseling director, each presenting cases we are working on and getting suggestions about how we could handle them better. In these weekly training sessions, everyone's experience teaches everyone else. Because we know that young people need to feel that they are listened to, that they need to hear themselves talk things out, in these supervision meetings we ask ourselves whether we are being good listeners. Recently we have used supervision sessions to develop our skills in writing case-notes, and we have been learning how to run groups.

I have learned that it is essential for the trainer not to force her values on others. Peer counselors already have a feel for who they are—we should not be trained into being like someone else. We want to be more effective at who we are, to be able to express our own ideas and be free to help the residents in our own way. I have to use a special style of mine to get to other people; I am very candid and direct with my thoughts. I believe that, as a helper, it is my job to be as honest as I can with staff and residents. If I see something that doesn't make sense to me, I speak up. I have learned how to use this direct style to help residents; I have also questioned whether my approach to expressing strong ideas is always the most effective one. It is still a learning process about myself and my approach as a helping person.

Role of Peer Counselors

Empathy becomes the most important word in a peer counselor's vocabulary—to understand and feel what a young person is saying. It can be overwhelming to have a person with a serious life problem ask for help. The best place to start is with feelings which many people hide in corners or lock in closets. But feelings never go away. As peer counselors, we are trained to deal with these feelings on an open level.

The peer-counselor helping relationship consists of a speaker and a listener. The ultimate goal of a peer counselor is to help the speaker reach his own decision concerning a course of action to solve a problem. The peer counselor helps the young person integrate his feelings and thoughts, usually by helping the young person check out values and attitudes.

Few people have the ability to truly listen to what another person is saying. I learned that people sometimes get their own thoughts crossed with those of someone else. It is important for me as a helper to catch myself before I do this. If someone is talking to me about problems in his relationship with his parents and I start to tell that resident about my parents, usually something is going on in me that I have not gotten together myself. In training I learned that it is important to work out your problems before you can honestly deal with the problems of someone else. I know that when a person is talking to me, it is important to hear what's on his mind, not how it mixes with my thoughts. It is important to pay attention to the speaker's body movements as well as how he says things.

It is important (but difficult) to build trust between the peer counselor and the young person. A trusting relationship means that the peer counselor shows that he cares about the young person, is available to help, and respects confidentiality. Trust also may depend upon the age and experience of the peer counselor.

Complications of Being a Peer Counselor

I find that, by being a peer counselor, my self-awareness has increased. I gain self-esteem by feeling what I do is useful. I see myself as being a friend—sometimes not being able to help, but still a friend. I deal with rejection from residents and sometimes staff, and I become strong enough to stand up against it. Although I gain from seeing myself grow, there are many complications:

Residents not understanding my role. It is really difficult to discourage male residents from wanting to take the relationship with a peer counselor a step further. Because you are their contemporary, they want a more intimate relationship. It's difficult to reject this idea and still not completely lose the relationship. They wonder why you want to care about them in just a counseling way. And sometimes the female residents get jealous.

Relationships with staff. At Bruce House, the peer counselor plays a very important role. Because peer counselors are so young, staff sometimes forget that peer counselors are trained to do a special job. Staff sometimes criticize us for getting in over our heads. This complaint can be legitimate, and our supervisor needs to help us out. Sometimes staff may be jealous because we seem to enjoy the residents without the burdens that staff carry. For us, having trusting relationships with residents carries heavy responsibility.

Originally we were not assigned to specific counselors because they work shifts and we work four afternoons each week. Because we go to school, we aren't at the weekly staff meeting. Our absence led to some communication problems, and we are now each assigned to a counselor and share his caseload, thereby getting more supervision.

Because we're not at the house all the time, we often feel that we don't fit in as well as we want to. We get into problems about how much authority we have as compared to staff—can we restrict residents, can we carry the keys, should we make dinner? When staff want us to be on duty by ourselves in emergencies, we are confused—are we responsible or not? When we try to mediate between residents and staff, we can help residents get their point across, but what happens if we are faced with reporting rule violations to staff?

Seeing a staff person make a mistake can be detrimental to a peer counselor. Staff sometimes make us feel that we are doing something wrong by confronting them about their decision. One incident brought this problem out in the open, painfully for all of us. Over a weekend, the staff felt it necessary to hospitalize a resident. This had never happened before. Maybe, because of my experience with the mental health system, I was overly sensitive, but I hadn't been there, and I did not challenge this decision. The staff had decided not to tell the resident's best friend in the house. They said that he did not really have a close relationship with her and that he was hiding behind that relationship to keep from working on his own problems. I disagreed with this decision. First of all, I believe that there should not be intimate relationships in the house and that we should try very hard to prevent them from happening. Once this friendship between two residents had developed, however, I thought it should be respected. I thought he needed to know about his friend and that he would need help handling the information. Basically, I was sympathizing with his feelings, and the staff was oriented toward getting him to work on his problems. I brought these concerns to the staff who discussed it at length and ultimately agreed that they needed to re-think this decision and that the information should be shared.

Not always feeling successful. It's hard being a peer counselor because you want the residents to feel totally at ease with you. You want them to like you and respect you as their friend. But you also want to be a counselor. They don't rebel against you as much as they would an authority figure. You must earn your respect from them, and this can be frightening to you as the peer counselor.

The residents present an attitude that can be frustrating: "Why should I listen to you when you can't know any more than I do? You're only 16." At first they feel as if the peer counselor is taking something away from them. Even with trust, it's hard for them to listen to peer counselors.

It has also been difficult to get an activity program going. We really need to get paid for more hours each week. Sometimes the residents don't like the activities we propose. Sometimes they don't show up for meetings. We often don't get positive feedback. Sometimes there is a crisis and we worry that we played a role in it. It's hard to give enough special attention to the residents. We have learned to become emotionally involved with residents but to try not to encourage their dependence—a challenge.

A Successful Case

Larry is 17. He first ran away when he was 15 and stayed at a friend's house for 3 weeks. His recent problems evolved because Larry and his stepfather do not get along. Larry's stepfather consistently found things wrong with him. His mother always sided with his stepfather. Larry felt rejected and decided to leave home for a while.

When he came to the Bruce House, I was involved in his intake interview. We talked about his problems and ways of solving them. Larry had a lot of self-awareness. He wanted more independence—a job, school, a place of his own to live. Because I am a peer counselor, he trusted me. During his first week at the house, he talked without holding back about the hurt, loneliness, and frustration within him. We started having counseling sessions every day. Our discussions of his view of the world and of his problems seemed to help him. I talked to his counselor about his situation and needs.

Soon after he arrived at the program, Larry worked out his urgent problems. He and his girlfriend met with me to discuss his moving in with her. They decided that was better for him than home. Soon after he left the house, he got a job. He came by the house every few weeks to talk with me about how well he was doing at school and work.

A Case With Problems

Most of the residents at the Bruce House are from nearby neighborhoods in Washington. I begin working with them after they arrive at the Bruce House. The most difficult young person I have ever worked with—and who frustrated me for a long time—came to my attention in a different way.

I was introduced to Tanya by some other young people who realized that she had problems and felt that I could help. She is a 16-year-old who lives in the suburbs of D.C. She is the youngest of four children in a middle-income family. Her father is dead, her mother is in the process of remarrying, and she feels that her mother blames her for everything that goes on in the house. Tanya feels criticized all the time. She's an habitual liar. She's depressed and anxious. She has psychosomatic pains.

Tanya lives in a world of fantasy, but it is real to her. She feels responsible for her father's death because in the last days of his life they argued a lot; he had a heart attack in the middle of an argument with her. Her father and her grandfather are the first problem men in a long series for her. She felt deserted by her grandfather when he died, unexplained, during her childhood. Tanya says she's a prostitute and has a pimp, but I think she is inventing it. That lifestyle seems exciting to her; it's a good way to isolate herself from her peers. She wants to feel grown up, yet she's very immature.

I've tried to get her to face her problems and be honest with me. I have been honest with her. I have shared my experiences with her, being the type of friend that she says she wants. But she likes playing word games, making people probe her and search for things, and I felt I wasn't making any progress. I started treating her like a normal friend—showing my anger so that she could not continue to play these games with me. I can't help someone who plays games with me. First she got upset. I tried to be clear that I couldn't help until she got serious about working on her own problems.

The first step she took in taking her problems seriously was to say that she had gotten rid of her pimp. I gave her credit for that. Then I became afraid that I wasn't professionally trained enough to deal with her. But if I told her my misgivings, she would regress. She was afraid to see any more psychiatrists. She threatened to run away again and start working for another pimp. I began to drift away, not taking my counseling responsibility seriously. I realized that I was not feeling successful with Tanya for three reasons: (1) Her emotional problems go very deep, and it would take more intensive intervention than I can offer in order for her to be in touch with herself and become more stable; (2) she really needs alternative living, and that's not available; and (3) it is hard for me to see her regularly because she lives far away and neither of us has a car; most of my counseling with her is on the telephone. I have received a lot of guidance from the staff and learned about myself in the counseling situation. I have offered Tanya a line which she would not accept from anyone else, but I don't feel that she is ready for it yet.

Conclusion

The peer-counseling program at the Bruce House in Washington, D.C., has been given a positive evaluation by the city's Office of Community-based Programs, by the staff, the youth, and us. We believe we are doing a good job in a unique role, despite the problems described here.

At a recent training meeting, the peer counselors put their heads together and came up with a list of what's most important about the Bruce House peer counselor program:

Trust between residents and peer counselors

Combining resident group meetings and individual counseling and activities—both approaches of value

Peer counselors learning to be patient, even when they aren't heard by residents.

Peer counselors helping each other to keep on trying, despite feeling unsuccessful sometimes.

Learning about ourselves and how to be in a helping relationship with someone else

IV
Long-Term Care

As runaway programs have developed, their staff realized that many of the young people who used their services during a crisis had long-term needs which were not being met. Some of the programs implemented services to meet these needs: individual and group foster homes, alternative schools, and employment programs. Beyer's chapter provides an overview of these aftercare services. The two chapters that follow offer intimate portraits of group and individual foster-care programs that have been developed in Washington, D.C. (Gordon; Kaplan) and San Francisco (Berlin). Gordon was psychiatric consultant to the Washington, D.C., youth serving program, Special Approaches to Juvenile Assistance (SAJA) and Kaplan was formerly director of its fostercare program. Berlin was the founder of the Alternative Living Program, which was initially a part of Youth Advocates. The importance of employment as a long-term service for runaways and other young people is described in another chapter by Herron, who directs such a program. Finally, Allie, who is assistant director of the Whitman Center in Omaha, Nebraska, discusses the usefulness of advocacy in insuring that continuing care is effectively provided. Beyer's chapter draws on her work as director of the HEW-funded Aftercare Research Project (contract # HEW-105-76-2102). Gordon's chapter originally appeared in a slightly different form in Social Work, *July 1978, and in his book,* Caring for Youth: Essays on Alternative Services *(NIMH 1978).*

Long-Term Care Provided by Runaway Programs

Marty Beyer, Ph.D.

Many of the young people served by runaway programs have serious emotional problems. They are fleeing intolerable family situations and/or school difficulties. To meet their needs, some runaway programs have developed long-term mental health services. Runaway programs offer care such as group homes, foster families, employment services, and advocacy. Other programs provide long-term individual, group, and family counseling, school assistance, and help in moving into independent living.

In providing long-term services, runaway programs face three noteworthy dilemmas. First, they must decide which services they will provide themselves and which ones they will seek from other agencies. Should the runaway program hire a family counselor to respond to the continuing need for intensive family intervention, or would its clients be served more effectively by family counselors in private practice or at a mental health facility? Should the runaway program open a therapeutic group home, or are existing residential facilities a preferable option? Second, in providing long-term mental health services, the runaway program faces the choice of continuing its nontraditional approach or hiring professional staff whose orientation may move the program toward a medical model. Third, in communities where few long-term services exist, the runaway program must decide whether to create these services themselves or to concentrate on advocacy to push for public funding of nontraditional mental health services for young people and their families. Runaway programs have responded to these dilemmas in a variety of ways and have, against considerable odds, been successful in helping young people who have serious problems and require continuing services.

What Are the Long-Term Needs of Young People?

Some young people served by runaway programs might be categorized by mental health professionals as "emotionally disturbed," requiring long-term counseling and sometimes residential treatment. Their characteristics include self-destructiveness, low self-esteem, depression, anxiety, and substance abuse. Runaway programs increasingly encounter youth who have been neglected since childhood, physically or sexually abused, pushed out of the home, or deprived of consistent support and discipline. In responding to clients' long-term needs, staff are often confronted with the challenge of reversing years of tragic family dynamics. Alienation from school and a history of academic and school behavior problems also present overwhelming special needs. For many young people, especially those who are homeless, assistance in making the transition into adulthood is needed. Employment and basic survival skills are crucial.

Included in the category of seriously troubled clients are young people who arrive at the runaway program after ineffective contact with a series of other "treatment" facilities. This group has increased as deinstitutionization of status offenders leaves the court and social service agencies without authority over, or services for, youth with family problems. Often mental health facilities have been unable to provide adequate services for these young people and their dysfunctional families.

What Long-Term Services Should Be Provided to Young People?

Many of the troubled young people served by runaway programs have multiple needs for continuing services:

- individual or group counseling to help them handle the disturbances caused by family problems and parental abuse, sexual exploitation, and alcoholism
- intensive family counseling
- permanent alternative housing
- active support for independent living because they are unable to negotiate bureaucracies to obtain jobs, education, housing, and medical care themselves

Individual and Family Counseling

In many communities, comprehensive family services are not available to provide individual and family counseling for runaways and their parents. The largest reported disparity between needed and received aftercare services among runaway programs is in family counseling. Consequently, some programs have developed the capacity to provide long-term individual and family counseling. For example, the Huntington Youth Bureau on Long Island actively supports youth at home for whom independent living is not an option. Even when it appears that the home situation may not improve substantially, youth workers commit themselves to a year-long counseling relationship with the entire family. The strong connection between the program and a local mental health clinic also allows the program to make referrals confidently for high-quality individual and family counseling.

Alternative Living Placements: An Increasing Aftercare Need

Runaway programs around the country report that more young people need alternative living arrangements; as many as 50 percent of their clients cannot return home. Most communities lack adequate alternative living resources for these young people.

Group homes and, to a limited extent, foster care provided at public expense are generally restricted to youth in the court's jurisdiction. As the demand for such placements is generally greater than the supply, these facilities are often closed to the clients of runaway programs. Although concerned about the stigma associated with court involvement, runaway programs bring some of their clients into the juvenile justice system in order to obtain placement and services away from home. A youth may be assisted to file neglect or abuse charges against his parents in order to be placed in the only group home in the community. In such a situation, the trauma of court hearings is judged to be less damaging than homelessness.

Other runaway programs have attempted to resolve this problem by developing their own foster care, group homes, or supervised apartment living. There are several obstacles to this approach. First, developing residential programs detracts significantly from the maintenance of ongoing services. Second, generating resources for alternative living is problematic. Often these young people cannot receive public funds. Their parents cannot or will not support them, nor can they pay for housing themselves. Foundations, other private sources, and government agencies are reluctant to provide support for residential programs whose costs will continue at a high level. Third, finding effective support services—particularly for youth with emotional problems—to enable the young person to stabilize in these settings is a challenge. Fourth, obtaining parental permission for alternative living placement is required for underage youth but is often unobtainable, even from parents who do not want the young person at home. Finally, abiding by State and local licensing requirements may require costly physical renovation and increased staffing. Despite these difficulties, there have been many innovative approaches to foster care, group homes, and alternative living developed by runaway programs.

School: A Fundamental Long-Term Need

Many of the young people served by runaway programs have a history of school problems due to long-standing low self-esteem and family difficulties. They find school alienating. In some cases, learning disabilities can be identified. In all cases, fostering a sense of self-worth, essential to their future development and employability, requires long-term educational and vocational services.

In assessing aftercare needs, runaway programs have often found public school assistance inadequate. Some youth have not been recognized as having school difficulties and have been provided with no special services. Others have been labeled as disruptive and expelled from school. Schools are often reluctant to provide information about youth to other agencies. Consequently, some runaway programs have developed their own methods of handling school problems, including creating or cooperating with alternative schools which use student input and are comfortable environments in which young people can learn.

Many runaway programs respond to their clients' educational problems by providing services within existing schools. The presence of a youth worker in the school offers a young person special support to handle long-term educational problems. Youth workers from runaway programs around the country provide a variety of services in schools: group and individual counseling; "crisis rooms" for students who need to leave the regular classroom; consultation to teachers about working with troubled youths; after school activities; assistance with disciplinary problems and meeting with teams to develop treatment plans for youth having particular adjustment difficulties. In California, for example, Interface has implemented an exciting experimental peer-counseling program in high schools with a high incidence of runaway youth. The counseling group has been very effective: (1) only two youth had runaway episodes during the eight-week experiment; (2) the average days' truant for the comparison group was three times greater than the treatment group; and (3) youth in the comparison group who dropped out of school did so because of life crises (i.e., pregnancy, failure in school, incarceration), while treatment-group youth tended to leave school for reasons beyond their control (i.e., move to another State, death in family).

Independent Living for a Productive Adulthood

Many young people who cannot survive in their natural homes must take responsibility for themselves. Most youth who need or want to live independently lack the basic skills to do so. Many programs find that helping youth develop skills for independence requires an extensive educational effort. A weekly aftercare seminar is used by several programs to teach independent living skills, such as applying and interviewing for a job, looking for a place to live, taking a high school equivalency examination, developing financial management skills, and having good job habits.

Streetwork/outreach is another mechanism for supporting successful independent living. Following crisis stabilization, streetwork/outreach can offer continuing support to young people surviving on the street. More mobile than office-based counselors, the streetworker/outreach worker can accompany a young person looking for work, apartment hunting, opening a bank account, learning how to shop economically, or going to the welfare department to get public assistance.

The Bridge in Boston assigns four full-time staff to such a program. A quarter of the youth they shelter decide not to go back to their families or be placed in a foster or group home. Though choosing to live on their own, these young people are able to stay in contact with helping services which encourage them to go to school, to enroll in training programs, or to seek employment. Staff act as advocates when agencies are unresponsive. In addition, the Bridge's medical van operates 5 nights a week, offering counseling and free medical care in neighborhoods where young people live on the street.

Employment is an essential part of supporting independence in young people. Job programs operated by or in cooperation with runaway programs can nourish self-esteem in youth and offer an alternative to criminal activity. Traditional employment efforts are often designed for youth who already possess initiative and good work habits. Runaway programs create their own job programs to help young people gain the skills necessary to find and hold a job or to augment existing job programs with preparation and support services.

Referral Resources for Long-Term Care

In response to the long-term needs of youth, runaway programs have successfully developed referral networks. Although some programs are capable of handling emotionally disturbed youth, lack of space, funds, and expertise sometimes makes it preferable to refer these clients to mental health facilities. When runaway programs are faced with a young person needing hospitalization or contemplating suicide, referral to an inpatient psychiatric facility may be unavoidable.

Some runaway programs handle these serious emotional problems as they emerge, making referrals when necessary. Other programs have cultivated relationships with mental health facilities to insure that emergency psychiatric care or referrals for psychotherapy can be made smoothly. This referral relationship functions optimally when the mental health facility provides nonthreatening care to youth and family and also permits the runaway program staff to remain supportive. Some runaway programs have successfully persuaded psychiatrists, psychologists, or social workers in private practice to work with them as volunteer program consultants or to see their clients for consultation or low-cost therapy. These private practitioners also receive referrals of paying clients from the program. Although a list of inpatient and outpatient mental health services in the community can be valuable for the runaway program, the best services are obtained through *working relationships* with staff in such facilities.

Some runaway programs have not developed referral relationships, because their staff lack confidence in the way services are delivered to youth by established agencies. In many communities, services to meet the long-term needs of young people simply do not exist. Another obstacle to strong referral relationships is the opinion of traditional agencies that runaway program staff are not professionals. Referral agencies may devalue the relationship youth have developed with runaway program staff or may view the continued involvement of staff as a threat. Some agencies are reluctant to share client information with runaway program staff.

When the runaway program assumes case-management responsibility for all clients, monitoring referrals is particularly important. Many programs report difficulties checking consistently on the outcome of referrals made for aftercare services. Programs may not know where successful referrals have been made or how effective each referral agency has been in providing services. Followup, recording, and compiling referral data for all clients are critical to the strengthening of long-term services. When a referral has not been successful, helping the client find other resources before a crisis recurs is essential. Familiarity with insurance, medicaid, and other reimbursement options is necessary if runaway programs staff are to be successful in referring young people to agencies for long-term mental health services.

Perhaps the ideal referral relationships is one in which outside professionals strengthen and expand the capacity of the runaway program without dominating it. In addition to providing therapy and inpatient care for some young people, mental health professionals can offer consultation to the program and can advocate on behalf of the program for funds.

Advocacy for Long-Term Services

Runaway programs universally use case advocacy to insure that their clients receive services: escorting youth to other agencies, calling agencies in advance of making referrals, notifying agencies if the services they are providing appear not to be meeting the client's needs, and in other ways serving as a broker for a young person. As runaway programs encounter an increasing number of youth with serious long-term needs, they recognize that case advocacy is needed to improve and expand services to young people in general.

When runaway programs themselves become advocates, they are often faced with staff-coverage problems, unfamiliarity with advocacy techniques, ignorance about funding and legislative decisionmaking systems, and a reluctance to threaten the program's relationships with other agencies by criticizing them. Since long-term care for young people is paralyzed without system change, runaway programs can profit by joining coalitions to pursue shared advocacy goals. Coalitions can conduct letterwriting campaigns, present testimony at hearings, influence budget decisions, develop interagency committees and other advocacy efforts.

Advocates focus on systemic change to enhance service provision. Service providers often feel that this community change is done in ignorance of or at the expense of individual client needs. These perspectives must be blended in runaway youth programs. Advocacy should not be viewed as optional but as an integral, valuable function of the program, recognized by youth workers, administrators, community, boards, and funding sources.

Conclusion

Caught between the enormous unmet needs of homeless, unemployed, disturbed youth and the limited long-term services in their communities, runaway programs are now facing the dilemma of becoming multiservice agencies. If they remain primarily crisis-intervention facilities, runaway programs stay within their original mandate and funding but cannot themselves meet the long-term needs of more than half of their clients. Diversification to include extensive aftercare requires substantial funding and training and opens the program to criticism that it is attempting to be all things to all people. The ability of runaway programs to create the appropriate balance, on the local and national level, may well determine how effectively they survive and, indeed, whether they survive.

Group Foster Homes: Alternatives to Institutions

James S. Gordon, M.D.

Introduction

Many of the young people who come to runaway centers are about to be, or already have been, hospitalized for "mental illness." Sometimes the runaway center is able to help them through an immediate crisis and enable them to return home. Sometimes the young people need some other place to live, one that is flexible and respectful enough to win their allegiance, yet tough and resilient enough to cope with their changing feelings and intense needs.

By the early 1970s, it had become clear to workers in many runaway centers that these young people were being poorly served by being confined as patients in hospitals and residential treatment centers which were presumed to be the the only places available for them. Counselors who had come to know them believed that their successful participation in the runaway house indicated that they might better grow to adulthood in the context of a cooperative household modeled on it. By the early 1970s, several programs, including the Washington, D.C., Special Approaches in Juvenile Assistance (SAJA), had begun to create such programs.

What follows is an account of the way that one of SAJA's group foster homes, Frye House, served four young people who were diagnosed psychotic or borderline psychotic. The young people had been referred for institutionalization or continued institutionalization at the time of their entry into the group home.

The Young People

Sixteen-year-old Tom came from a working-class Irish-Catholic family. A tall, thin, long-haired young man, he arrived at Frye House in a state of considerable agitation. In the previous 2 years he had been a truant from high school and a heavy user of LSD. During the last year, he had run several times from a home where he had "always felt weird": "My mother was all over me and I hated that. I just couldn't deal with it." He shouted at his mother, cursed her, and spent increasing amounts of time away from home. He stayed with friends and in vacant buildings. Apprehended by the police, he ran again. For more than a year, Tom had been experiencing auditory hallucinations, ideas of reference, and particularly vivid fantasies of homosexual attacks. He believed that the television and radio had "special messages for him" and that he had been born on another planet. Psychiatrists who examined him before and during his stay at Frye diagnosed him as "schizophrenic" and recommended "long-term residential treatment."

Clyde, a taciturn, serious, stiff-limbed working-class black youth came to Frye House a year after Tom. He had just been released from a training school where he had been sent for 7 months after striking his mother. He denied any problems—"nothing wrong with me that I know of"—but reports from psychologists at the training school focused on a "long-standing school phobia, dating to latency age"; on Clyde's absent father and his ambivalent attachment to his alcoholic and capricious mother; on his moroseness, reclusiveness, and sudden inexplicable fits of anger. Residential treatment was recommended and a diagnosis of "borderline psychosis" was made.

Karen was almost 16 when she came to Frye. A bright and talkative middle-class young woman, she had spent the better part of the previous 3 years in two private mental hospitals. At 12, she had begun to be involved in protracted and violent arguments with her mother over her relationships with older boys. Within a year her parents had had her committed to a mental hospital, citing frequent episodes of running away, drug use, and Karen's anxiety as well as her promiscuity. During her hospitalizations, Karen made numerous suicide attempts. She was diagnosed "schizophrenic" and was maintained for 2 years on phenothiazines. The hospital psychiatrist released her reluctantly, believing that further residential care was needed. He suspected that the improvement in her behavior—she was cooperative and affable—was simply a ploy to gain her release, a mask for severe underlying psychopathology.

Lisa, the 17-year-old daughter of an Army noncommissioned officer, arrived at Frye House, in flight from her parents and the psychiatrists to whom they had brought her. She wanted, she said, to live at home, but she couldn't obey the rules; she loved her parents "as people" but hated their "hypocrisy and racism, their lack of love." In examining her at a mental health center, one physician had found "autistic preoccupations, loose associations, and marked ambivalence." He had diagnosed her as "schizophrenic" and recommended that Lisa be sent to a State hospital. Only 9 months before, she had been released from a private psychiatric hospital to which she had been committed for prolonged and heavy drug use and delinquent behavior—sexual liaisons, frequent episodes of running away—that her parents could neither curb nor understand. During her 2 years in the hospital, she had been treated with moderate-to-heavy doses of phenothiazines.

All four of these young people (1) bore ominous (borderline or psychotic) psychiatric diagnoses; (2) remained for 1½ to 3½ years in Frye House; and (3) have now been living outside of it for at least 2 years. They represent approximately one-quarter of the young people who stayed in the House during a period of 3 years, one-half of those who had been hospitalized (the others were diagnosed as having "adolescent adjustment reactions" or "acting out disorders of adolescence") and the total of those who were diagnosed as borderline or psychotic.

The Group Foster Home

Frye House was opened in 1970 by the staff of the Washington, D.C. Runaway House (Gordon 1974; 1975), to provide long-term residential care for the young people who, in spite of individual and family counseling, were unable to live with their parents. Frye House was both an extension of the communal philosophy of the runaway house and a version of the group foster home, a living situation which has generally been thought to be particularly appropriate to adolescents, (Fisher 1952; Gula 1964; Jewett 1973; Scher 1978). The founders of Frye House shared the therapeutic ideals of child guidance workers who tried "to identify with the child despite his behavior" (Taft 1930) and the political activism of the youth movement of the 1960s: The teenagers who lived with them were to be full participating members of their household, as entitled to make policy decisions about their program and their lives as they were to receive therapeutic care and concern.

Each of the young people was placed in Frye House by a local court. In addition to their psychiatric diagnoses, some were labeled "delinquent"; others, "in need of supervision"; and still others, "dependent and neglected." For keeping each young person, Frye House received between $350 and $650 a month (depending on the jurisdiction in which the teenagers' parents lived). With a total of six young people in the house at any one time, this provided a working budget of between $25,000 and $30,000 a year. Out of this budget House expenses (including food, rent, and clothing for the young people) and the salaries of two nonprofessional counselors were paid.

During its first year, Frye House philosophy and practice oscillated between an informal living situation and a highly structured therapeutic community. As members of the emerging counterculture and youth advocates, the counselors were inclined to live in and provide the young people with a loosely structured commune; confronted with an array of disturbed and disturbing behaviors, they briefly adopted the model of a highly structured therapeutic community based on transactional analysis and "re-parenting" (Schiff 1970).

In the fall of 1971, in its second year of operation, I began, as part of my research into "alternative services for young people" (runaway houses, telephone hotlines, group foster homes), to consult with the House. My interest in working with Frye House grew out of my previous experiences as Chief Resident and ward administrator on a psychiatric inpatient service (Gordon 1973a; 1973b). Like its early proponents (Aichhorn 1965; Jones 1953), I had learned to value the healing potential of a therapeutic community. Like more recent critics of conventional ward psychiatry (Barnes and Berke 1973; Cooper 1967; Goffman 1961; Laing and Cooper 1971; Mosher and Menn 1976), I tended to focus my initial therapeutic efforts on institutional and attitudinal barriers to personal change—on arbitrary and mystified authority. Frye seemed like a place where I could help the staff to drop these barriers and work sensitively and respectfully with the young people with whom they lived.

I began to meet once a week for 2 or 3 hours with all members of the house. In these meetings we talked about whatever came up—house rules, interpersonal and family problems, drug use, sex, etc. As a consultant my initial emphasis was on helping all house members to be, and understand themselves as, members of a functioning living community; to view their behavior as in some ways responsive to the exigencies of that community. Later, the focus of these meetings sometimes shifted to understanding interpersonal dynamics, and later still, when it seemed both necessary and acceptable, to examining intrapsychic motivation. Thoughts and behaviors were always viewed in the context of current life in the house and of the way each person felt about them, never labeled and isolated as "sick" or pathological. I met separately with the counselors (also once a week) to discuss the interpersonal problems which came up between them.

I consulted with Frye House for 20 months; during the final 1½ years of the period covered by this paper, a psychiatric social worker and social psychologist (with whom I continued to confer) took my place.

I have described the structure and functioning of Frye House in detail elsewhere (Gordon July/Aug. 1973; Sept./Oct. 1973). Here I want to focus on those characteristics which seemed to make the house particularly useful to the four young people whom I have described above. All of these represent goals and ideals, states of being, and attitudes which developed during the course of the young people's stay in the house. They took time and much effort to achieve, were precariously maintained, and continually subject to attack, erosion, and compromise.

1. A deep affection for the young people who came to live in the house and an abiding concern for their welfare

Counselors who have this kind of feeling and commitment can weather a great many interpersonal and organizational problems and move beyond many of their own personal limitations. It is the indispensable precondition for the success of a place like Frye House; without it, all of the radical reforms listed below can become parodies of themselves.

2. A refusal to exclude or include any one on the basis of any previous behavior, psychiatric treatment or diagnostic label

Prior to admission, each young person was interviewed by all the house members, young people as well as counselors. A dinner meeting and overnight stay (or in doubtful cases a stay of several days) followed. Decisions about admission were then made on the basis of how house members felt about the new person. The most important considerations were, in approximate order, how desperate the new person's situation was (the fewer alternatives the young person had, the more likely he was to be accepted); how much they liked him; and how they felt he would fit in. Only the most obviously violent and aggressively antisocial young people were turned down.

3. Respect for the right and ability of each young person to work out his destiny

Counselors encouraged all young people to talk over any major decisions, problems, or aspirations with them. They were likewise committed to helping the young people get what they needed—whether that meant teaching them how to cook and clean, helping them find an appropriate school or apprenticeship program, or locating and then taking them to appointments with a psychotherapist. But it was up to the young people to decide to go to school or work, to enter therapy, or to stay home. They were not restricted as to curfew or activities outside the house. Their decisions respected, the young people were allowed to make their own mistakes and encouraged, in group and individual discussions, to learn from them.

4. An insistence that the house be run according to principles of participatory democracy

Just as counselors wanted to govern the conditions of their own work, so they felt that they and the young people should jointly run the house. They believed that, given this power, the young people would feel a responsibility for a house which was truly theirs. Accordingly, all young people in the house had, from their first day, a full say in making and enforcing house rules; deciding budgets; hiring new counselors; regulating overnight visits, etc. Together, they and their counselors took account of what was necessary for the house's survival in its neighborhood (no loud music late at night, restrictions on numbers of people who could hang out in front, yard cleanup, etc.); satisfactory to the probation officers who placed young people there (no drug use or sexual activity in the house); and adequate to insure the mutual comfort of all house residents (no physical violence, rotating schedules of house chores, etc.).

5. A willingness on the part of counselors to be rigorously self-critical and scrupulously attentive to derelictions from mutually decided-on rules

In a house where consensual decisionmaking had replaced hierarchic rulemaking, counselors were tempted to assume peremptory authority, and young people were tempted to evade commitments they had already made. Counselors had to assert again and again (to themselves as well as to the young people) that they were co-residents, friends (and sometimes guides), not parents and custodians; that adherence to agreements or house cleanliness was important to them as people sharing a living situation, not as authorities who wanted to enforce rules.

6. The presence of a consultant (or consultants) who helped shape (or in my successors' case shared) the above values

The consultant's work was (a) to provide a source of emotional support for all members of the house as a group and as individuals; (b) to provide, at house meetings, an outside perspective on the way people were getting along with one another; (c) to remind all house members of their values (participatory democracy, mutual respect, etc.) when, under the pressure of particularly disturbed or disturbing behavior, they were tempted to label, ignore, or extrude one or more of the young people; (d) to convey a sense of confidence that even the most peculiar or troublesome behavior and thoughts could be understood, dealt with, and learned from.

7. The presence of a supportive community outside the house

In the case of Frye House, this consisted, most immediately, of the counselors and young people who worked and lived in the larger organization (a collective of several social service projects, a runaway house, and a second group foster home) of which Frye was a part. These people met house members at organization-wide meetings, dropped by to visit, and were available to help out in a time of crisis. In addition, Frye House was located in a neighborhood of many other counterculture projects (including a number of "antiprofit" businesses), all of which encouraged "youth rights" and practiced participatory democracy.

8. The possibility of a relationship between young people and their counselors and consultants which could continue after any or all of them left the house.

The Results

During the course of their stay in the house, each of the four young people whom I have described above grew and changed in a variety of ways. Sometimes they seemed to careen from one crisis to another, to become ever more vague, disoriented, and despairing. Sometimes they seemed each day, for several months, to grow more competent, more sociable, more sure of themselves. Sometimes these smooth curves ended abruptly in depression or withdrawal—and then, slowly, resumed. Still, in spite of great individual variation and a barely compromising individualism, in spite of the differences in background and length of stay, each of them seemed to pass through five fairly distinct stages.

A Quiet Period of Adjustment

During their first weeks at Frye House each of the young people seemed to adapt easily to the house routine. Unfamiliar with the house, its inhabitants and its rules, frightened of the alternatives to which expulsion would expose them, and gratified to be in a warm, uncoercive setting they tended—in spite of quite dissimilar personalities—to a kind of docility. Each one found a particular counselor to whom he or she could relate, all found niches for themselves in house life: Tom's shy sensitivity charmed the counselors; Clyde was a good-humored fix-it man; Karen was a house compromiser and placater; and Lisa became the counselors' pal. All except Lisa (who worked) went to school, and all participated without great stress in communal chores and other aspects of house life. Though Tom regularly saw a therapist at the free clinic and Karen continued to see her hospital doctor, neither they nor any of the other young people took tranquilizers. None of the counselors ever thought of any of the young people as "crazy" or "mentally ill"; they wondered aloud how anyone could ever have diagnosed them as such.

Reawakening of Previous Conflicts

Within 3 to 6 months, each of the young people began to manifest behavior similar to that which had caused them to be labeled mentally ill. Though there seemed to be single or multiple precipitating events—intense and growing intimacy with another house member, the appearance of a new boyfriend, the imminent departure of a trusted counselor—there was also a certain regularity to the appearance of these conflicts. A process, at once transferential and developmental, seemed to be unfolding in each young person and between him or her and the house.

Tom became unwilling to go to school or work. Afraid (lest he be asked to leave the house) to say that he was unwilling, he became increasingly angry. Convinced that Ann, the counselor to whom he had grown close, cared more for house rules than she did for him, he alternated between suspicious withdrawal and furious but oblique accusations. Clyde suddenly began to skip school. When asked why, he complained of lack of carfare, inadequate clothes, and "bad weather." Eventually he stopped making excuses—and almost stopped talking at all—and simply stayed home. Karen began an affair with "an older man," an ex-counselor from a nearby project. Back at the house she engaged in endless competitive quarreling with her roommate. Lisa spent increasing amounts of time hanging out with fringe members of the counterculture—drug dealers, petty thieves, and prostitutes. When after several days away she returned, she made confused but passionate speeches to her housemates about their "intolerance" and "insensitivity."

Integration Into the House

At first, these behavioral changes tended to be seen as items of individual psychopathology and as threats to the house's social order. In house meetings, consultants tried to help the counselors and young people to see some of them as communication and as critiques of the house's rules and functioning. This context gave words and acts which had been stigmatized as "mentally ill" a legitimacy and a social utility. It tended to help make the young people who voiced them catalysts to social change rather than social outcasts. Tom's insistence on *his* preference forced counselors to see that, in making young people work or go to school, they had been enforcing a social convention at the expense of the young people's particular desires and needs. Tom's tirades became an important factor in pushing the counselors to make decisions about attendance at school or work the responsibility of each young person.

This integration was cemented by mutual agreements which were deliberately nonjudgmental and nonclinical: It was all right, Tom's housemates agreed; for him to scream out the anger that plagued him, but he could not stay in the house if he became physically abusive. Karen could spend nights with her boyfriend, but she would have to leave a phone number and let everyone know in advance when she would be gone. Counselors would take Clyde's side in his dealings with the caseworker who was threatening him with institutionalization if he didn't go to school, but they wouldn't lie for him. House members would try to be more sensitive to Lisa's needs if she were clearer and more consistent in expressing them.

Time of Experimentation

Each of the young people began to regard the counselors as helpers and critics, friends and guides, people to turn to rather than authorities to avoid. After several weeks of boredom, Clyde sought out his counselor, Fred, to "plan my future." With his help, Clyde convinced the caseworker and the judge who had previously insisted that he be in school to let him enter an apprenticeship program in electronics. Allowed to pursue her interest in "the older man" to its conclusion, Karen was able to return unashamed to discuss her feelings of desire and dependency with her counselors. Feeling "understood or at least tolerated" by his housemates, Tom began to confide in Ann. For the first time, he spoke freely of the isolation he feared and of his sexual feelings for her.

Having tested the house and found it dependable and respectful, the young people began to feel free, as Karen put it, "to experiment with all different areas, with all kinds of different ideas about myself." Previously they had seen themselves as reacting to and defiant of their parents' values—as truants, and failures, "crazies" and sexual adventurers. Now they began to try out more positive identities as workers, students, and political activists.

In doing so, the young people made use of virtues that had been latent in their previous, stigmatized behavior. Tom began to study the hypocrisy, isolation, and emotional rigidity which had plagued him; the perennial truant read—and understood—works by Laing, Goffman, Reich, and Nietzsche. Clyde became as stubborn and single-minded in his work as an electronics technician as he had been in his refusal to go to school. Karen's identification with older counselors prompted her to do volunteer work at the runaway house. Lisa made her attraction to the counterculture (and its philosophy of cooperation) the basis for her first job, in a local, collectively run business.

Regression Before Leaving

As the time for their departures from Frye House grew near, all of the young people began to feel the same kinds of anxieties and exhibit the same kinds of behavior that had brought them to the house. Tom quit the job he had found and grew suspicious and short-tempered. Though he continued to work, Clyde could "never find the time to look for an apartment" of his own; Karen "forgot" to tell the counselors when she would be out overnight; Lisa, who had begun to settle into the house, once again began to stay away for days at a time.

At this point consultation was particularly crucial. It was necessary to restrain the counselors from trying to hold on to young people who would soon be moving. It no longer made sense to have discussions with Lisa about how she could "become more a part of the house." Instead, their efforts with her—as with the others—had to be directed toward helping her separate from the house. The task now was to show them the same respect in leaving as they had in integrating them into the house; to allow them, as their parents had not, a dignity in separation.

Followup

Since they have been out on their own, all of these young people—with little or no financial or emotional support from their parents, without college education or the prospect of it—have managed to sustain themselves. In the 2 or more years that they have been out of the house, none of them has been hospitalized, and none of them has been dependent on either illegal or prescription drugs. All of them have worked regularly; some of them have studied; and all four have grown in directions that were hinted at and sanctioned in Frye House.

Tom has combined his sensitivity to other people's psychology and his concern with "the influences of other worlds" into a growing interest in astrology; he studies with a well-known astrologer who regards him as a gifted pupil. Meanwhile, he lives on his own and supports himself with a full-time job. Clyde's interest in electronics has led him to an extremely successful career in that field. Karen has married a medical student and settled down with him. Lisa continues to work in local cooperative businesses and lives in a commune.

Though one must credit the young people with their self-sufficiency, it is important to note the role that Frye House, its counselors, former residents, and consultants continue to play in their lives. In time of crisis—the loss of a lover, a job, or a place to live; the death of a parent—Frye House residents have continued to look to their counselors, to each other, and to me for support. At first, the young people returned to the house itself to eat a meal or stay for days, or even weeks, when there was no other place to go or money to find one. Frye House was explicitly their "home," all of us a part of their family. Even now, 2 years after we have all left the house, this family and its supports continue. Tom thinks of me explicitly as an "older brother and a mentor." To Lisa, her counselor, Jeanine, is "like a sister." When Karen's mother recently killed herself, Karen immediately called Clyde and Cynthia, another Frye House counselor.

Additional Advantages and Constraints

I have focused on overall patterns rather than individual interactions, on movement rather than feelings. Still, it is important to note that counselors (and consultants) were deeply affected by their involvement with Frye House. Sometimes they despaired, as one of them put it, of "ever having what it takes to really be with the young people." Sometimes they felt "high" about good things that were happening to one or another young person, about new understandings that they had reached with each other. But they never seemed to regard their time at Frye as a job or their role as simply therapeutic. Frye was a family to them too, a swiftly changing family of younger and older brothers and sisters.

Others who want to attempt this kind of project, who want to live as openly with troubled and troubling young people, should be prepared for the same kind of investment. It demands honesty, commitment, self-criticism, and tremendous energy. It exacts, as the price of self-delusion or insincerity, despairing self-doubt, shame, and ridicule. But the rewards are also great. There is the satisfaction of creating and being part of a unique living situation, the feeling of hope which the young people's growth, when it comes, bring with it. As Cynthia recently remarked, "No one ever puts more into Frye House than she gets back."

It is also important to emphasize that Frye House and settings like it are far more economical than the residential treatment centers and mental hospitals whose former and potential inmates they are housing. Even if counselors are paid a wage that is commensurate with the work they do, even if there are three rather than two of them, the cost per young person will still be only $650–$700 a month. This is one-half to one-third the cost of the average residential treatment center, one-fifth to one-eighth that of private hospitalization.

Summary and Conclusions

My experience at Frye House suggests that it is possible in the setting of collectively run group foster home for nonprofessional counselors to work successfully with young people who have been diagnosed psychotic or borderline psychotic, who have been or who would otherwise be institutionalized. The counselors' ability to work with these young people depends on a fundamental respect for their right to determine how they will live their lives; on the counselors' commitment to continual interpersonal engagement and struggle with them; on the presence of a consultant who shares this philosophy and is capable of helping them to live with and understand a fairly high degree of idiosyncracy and disruption; and on the existence of a supportive system which can grow to meet the needs of the young people even after they leave the house.

In this determinedly noninstitutional context, young people—treated as members of a household rather than patients—have the opportunity to live through and learn from experiences which more conventional kinds of treatment (drugs, institutionalization, behavior modification) would seek to curtail or eradicate.

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SAJA Foster Care

Lori Kaplan

Every day young people walk through the door of the Runaway House run by Washington D.C.'s Special Approaches in Juvenile Assistance (SAJA). Despite the differences in their histories and circumstances, most of their needs are similar. They come in search of someone whom they can trust, a person who will listen without judging, who will help them straighten out their lives.

Some of these young people find the runaway house before they step into the entanglements of the juvenile justice or social welfare systems. Others are the "system spillovers"—chronic runaways and other "status offenders," juvenile delinquents, neglected and abused young people who have previously been shuffled in and out of juvenile correctional institutions, training schools, residential treatment programs, mental institutions, group and individual foster homes. They are afraid that their parents will find them or the police will pick them up; hardly believing that they have finally run; depressed, withdrawn, bruised from the beating they have just received; or relieved that they have found a place to sleep. In the last several years, a majority of these young people have been inner-city black youth from poor and working-class families. No matter where they come from or what their color, most of these young people have been regarded and treated as incorrigible.

These young people feel trapped. Some return home, hoping that the situation has improved but knowing that nothing has really changed and that sooner or later they will run again. Independent living is a dream for most, a remote possibility for a few. Those who have run from previous placements rarely want to return to them. Everywhere they turn, they feel led away from any positive change.

History of Foster Care

In 1973, Runaway House counselors realized they had to look more creatively at the long-term services they were offering to young people in an emergency. It had become clear that some young people could not go home right away, that they needed a secure place to live for a longer time than the runaway house could provide, that they needed alternatives to settings which labeled and treated them as "psychotic" or "incorrigible," to families and group homes that were unprepared to deal with the depth of their problems. A long-term, alternative foster-family placement program was developed in response to the dilemma.

A staff person was hired to promote a joint venture between SAJA and the Jewish Social Service Agency (JSSA) which agreed to fund and supervise the program as their "community outreach." SAJA was able to place young people in licensed foster homes. The mechanics of the program were simple: A two-person staff, hired by SAJA, worked closely with runaway house counselors, administrators, and family counseling volunteers and reported regularly to a JSSA supervisor/consultant. Though most of the young people came from runaway houses, others, including social service caseworkers, probation officers, lawyers, psychiatric nurses, physicians, parents, and young people themselves, soon began to make referrals.

From the beginning, it was clear to us that Washington, D.C., offered few appropriate alternatives for young people who couldn't or wouldn't live at home and for those who were being released from penal and mental institutions. Our job was to offer ourselves as friends and counselors, to provide concrete casework services, to find and supervise innovative foster-family placements. In placing young people who needed new homes we called on our own experiences with them, on our growing experience with the forces that frustrate or facilitate successful placement. In the rest of this chapter, I describe the way we worked with young people whom we placed, drawing particularly on our experience with one young woman whom I will call Lashone.

Who Were the Young People?

Lashone, a 15-year old black female from Washington, D.C., ran away for the first time when she was 12. She went to live with her grandmother who eventually sent her back home because, she said, Lashone was "incorrigible." Lashone herself said she left home because:

> I felt like my parents were treating me unfairly; and when I turned about 11, that's when I started speaking up for myself, because they were blaming me for things that I didn't do, and I wasn't going to take all the responsibilities for the things my little sisters did. I would take the blame for what they did, and I would get beatings for this . . . my parents really did get on me.[1]

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[1] This quote and subsequent quotes of Lashone and her mother were taken from the transcript of an interview conducted by National Public Radio series "Options in Education—Portrait of American Adolescence," Program No. 95: Part IV, October 25, 1977. pp. 13–14.

Three years later, Lashone ran away again, this time to a runaway house (RH).

Lashone, with sparkling and pretty smile, was tall, slender, and always fashionably dressed. She generally had a pleasant, easy-going nature which contrasted with moments of seriousness, thoughtfulness, and aloofness. At the runaway house, she always did more than her share of housework and quickly became a member of the runaway house "family" of young people. Like most of the other young people in the house, Lashone was confused, unsure of herself, and determined to improve the condition of her life.

Though Lashone felt desperate about her life at home and her parents' lack of understanding, her situation was less critical than some. One 13-year-old black youth had already been rejected by both his divorced parents and locked up in mental and penal institutions by the time he came to RH. A 16-year old, whose chronic medical problems had been neglected, had been put out of the house by her mother several times and beaten by her stepfather many times. And a third, a 16-year-old white youth who felt he was homosexual, had been ridiculed and hospitalized by his family.

Why Foster Care?

Foster placement was usually first considered when a young person's situation was discussed in RH's weekly casework meeting. If the young person and his counselors agreed that a foster home was one of their options, a referral was made to the foster care staff and an interview time arranged. We never assumed that their problems were too much for us or for some particular and carefully chosen foster parent to handle. Only when a young person told us they were not interested did we stop trying to find an appropriate placement.

Lashone's interview lasted 2 hours. As we talked about the problems at home with her father and sisters, about her love and anger at her mother, the reasons she wanted a foster home became clearer. Sometimes Lashone viewed foster care as only a way of running further from her problems; at other moments, she hoped it would be a step toward rebuilding her life. She talked to us about her childhood, her grandmother, her friends, her desire to go to college, and her dream of becoming a famous model. Staying with her family—at least for now—could only hold her back. After hearing the details of the program and learning what we would expect from her and what she could expect from us, she decided she wanted to live in D.C., preferably with a single foster parent.

Lashone wanted a foster home so she could be herself, get away from family pressures, re-enroll in school, and begin to get her life back together. She needed to be more independent, to escape a situation in which she always had to take the blame for her three sisters' behavior and a father who continually abused her physically and mentally. Other young people had other reasons for wanting a foster home—privacy and distance from parents so they could better understand their problems at home; a desire to receive the attention, respect, and caring that were lacking in their own homes; an alternative to the detention centers and institutions they had run from.

Working With the Natural Family

After the initial interview, we began the necessary casework to make Lashone's placement a reality. Two major considerations first had to be worked out: (1) obtaining permission from the parents or legal guardian and (2) funding of the placement.

To decide where Lashone was going to live, family sessions were arranged by her counselor and two SAJA family-counseling volunteers. Her mother and sister attended the sessions, but her father was absent; according to Lashone, he refused to participate because he knew "everything was going to come out about him." She refused to go home as long as he was there.

After 2 months of trying to work out a way for her to return home, Lashone and her family counselor mentioned the idea of foster care. Though her mother's first reaction was "no," she reluctantly agreed to hear more about the program, and I was invited to a family session.

At the meeting, I talked about foster care placements and answered her mother's questions. Lashone vacillated. Sometimes she said she felt like she was betraying her mother; at other times she desperately wanted a foster home. Her mother felt boxed in, unable to choose between her daughter and her husband. Eventually, Lashone decided that a foster home was the best choice, and her mother agreed.

Approximately 50 percent of natural parents or guardians realized that their children were not coming home and agreed to try foster care. Many times, however, we had to convince the young person's caseworker or lawyer of the necessity for foster care and enlist their aid in helping us work with the family. Sometimes, when parents wanted nothing more to do with their children, we called in D.C.'s Protective Services to investigate "neglect" and to arrange for a change in custody. When neither parents nor social workers agreed to a foster care placement in SAJA's program, we continued to advocate for other services—family counseling, placement in a group home, or another agency's foster care program.

Since Lashone's parents could not pay for her placement, SAJA reimbursed the foster parents with funds raised specifically for that purpose. Other placements involved voluntary parental payments, court-ordered parental payments, and occasional third-party contractual agreements. Increasingly, as in Lashone's case, SAJA relied on its own resources to fund the placements.

Who Made a Good Foster Parent?

A good foster parent was someone willing to try to meet the needs of young people who needed homes. Since we had young people with all kinds of needs, we searched for all types of foster parent situations: for people who felt they would enjoy or be challenged by a teenager; for people who felt comfortable with themselves and their relations to the young. We weren't looking for parent replacements; the young people didn't want or need them. They seemed to need adults who could play a number of roles: mother, father, sister, brother, friend.

We had only three formal requirements: Someone in the household had to be over 21, the foster parents had to be in good health, and they had to have room for an extra person. In addition, we tried to find foster parents in the geographical areas the young people wanted to live in—in familiar communities, close to their friends and school.

Generally, the people we chose to be foster parents had themselves been in difficult situations when they were young. They viewed themselves as flexible and as actively involved in their own continued growth and development. They were concerned with the problems of today's youth and were willing to confront their own strengths and weaknesses. Most importantly, they were willing to make a serious commitment to a young person and to the foster care program.

Barbara, a shy but thoughtful and determined, single black woman in her late twenties, had many of the characteristics we looked for in foster parents. She heard about the Foster Care program from a runaway house counselor who was a close friend. Employed as an administrative assistant for a government agency, she was a volunteer commissioner in her local Neighborhood Advisory Committee. Her parents' separation when she was young had made her adolescence difficult. She was aware of the obstacles facing black youth in the city and wanted to help, and, as Lashone, who became her foster child, said, she "understood the way young people are."

Just as there is no typical runaway, so is there no typical foster parent. In one situation, five adults—four women and one man—living together in a communal setting, became foster parents. Their collectively run household included a lawyer in a community law office, an ex-SAJA counselor, a taxi-driver/elementary education student, a librarian, and a physical therapist. A divorced white woman in her early forties and her 16-year-old son became a foster family, as did a single black man who ran a boarding house and a black couple who had their own roofing supply business. A homosexual man in his early thirties active in the local gay counseling service, became a foster parent for a homosexual young man.

The Steps To Becoming a Licensed Foster Parent

Since our decisions about who would be a good foster parent were based in large part on intangibles rather than strict criteria, we needed to be extremely thorough at every step in our evaluation process. Only 1 out of every 10 people who indicated interest in the program actually became a licensed foster parent.

Recruitment

Recruiting foster parents was an ongoing part of our work. Through press releases, TV, and radio public service announcements and speeches at churches and community groups, we continually tried to let prospective foster parents know about our program. Despite these efforts, our best foster parents, like Barbara, usually heard about the program from another foster parent, from a young person who needed a home, or from someone who knew about SAJA. Unfortunately, there were always more young people who needed placement than there were good homes available to place them in.

Screening

During an initial telephone inquiry, we quickly learned how to spot inappropriate foster parents. Many times they were looking for younger foster children, not adolescents. Sometimes they were honestly interested, but their motivation was inappropriate. The parents seemed overly "moral" or inflexible, or they appeared to want to have a young person around the house as a playmate for their only child. As I talked to Barbara, I listened for clues as to how she might eventually relate to a young person, to the questions she asked about the program, to the expectations she had of a foster child, to the needs she hoped she would fill.

Orientation

After the screening interview, potential foster parents were invited to a group orientation where they heard details about the program. As a group we explored the seriousness of the commitment they were making to a young person. I talked openly about the unrealistic expectations most foster parents had: the hope that through their efforts a young person's problems would disappear. After the orientation, we decided some people were inappropriate as foster parents, while others chose not to pursue the program or to wait until a later date. In the meeting, Barbara had talked thoughtfully about her own youth, her concerns for young people, and her desire to put this concern into some type of action. She seemed to be an appropriate person to become a foster parent and was anxious to move into the next phase, the home visit.

Home Visit

Home visits had two purposes. First, it was a time to look at the prospective foster parent's home environment and neighborhood. This added to our total picture of the people involved and gave us the information necessary to make an appropriate match with a young person. Secondly, we began indepth interviews with the foster parent(s). In group households, people were interviewed both as a group and individually, as were couples. It was especially important to spend time with the natural children in any placement. During this time, I built my relationship with them and explored the emotions that they might feel when another young person moved in.

Barbara's one-bedroom apartment had a large front room where a young person could sleep. It was a small apartment, yet comfortable and not overcrowded. The location was a desirable one, in an integrated neighborhood, not too far from the runaway house. One piece of furniture was noticeably absent: a TV set.

Barbara and I talked for 2 hours. She told me about her own childhood and her parents' separation. Looking back, she believed that her father should have done more for the family after the separation. At present, she was close to her mother, brother, and sisters, more distant from her father. During college Barbara had studied foreign languages but had felt directionless and eventually had dropped out. Recently she had re-enrolled in a local university to study public administration. In the future she hopes to find a job in urban planning and administration.

Barbara's main interest was in her own community. As a member of her local neighborhood advisory board, she was confronting issues such as speculation, landlord-tenant problems, and youth employment. She knew the situation for youth in her community and wanted to help. However, her Civil Service job, her outside activities, and some dating did not leave a great deal of spare time for the young person who would live with her. It became clearer as we talked that an independent young person who would not require constant supervision would best fit into her lifestyle.

I arranged for a second home visit with Barbara a week later. If my impressions had changed and I had decided not to license Barbara, I would have discussed the reasons with her.

Foster Parent Training

In our next step, we provided the foster parents with a six-session group discussion and training. Three to five new foster parents (couples or groups) participated at a time. Through group discussion and role-playing, we tried to teach some elementary communication skills, positive reinforcement, reflective listening, etc., and to raise such specific issues as drugs, sexuality, and birth control. During one meeting, former foster parents and young people shared their experiences with the new foster parents. These teaching sessions were a time when foster parents became more comfortable with both their new role and the experience of sharing ideas and feelings within a group setting. For many it was a new, sometimes frightening, more often exciting experience.

In these meetings Barbara had a strong interest in learning the mechanics of communication. She worried about making a mistake by not responding to a situation or statement correctly. Another foster parent suggested that she not worry, as in reality there was no correct answer, that she shouldn't be afraid to speak out.

Home Study

The final task in the licensing process was ours. Toward the last weeks of the training, we wrote a home study based on all our interactions with the foster parent up to that point. The home study included the factual background gathered during the interviews, as well as impressions of the foster parent and what type of young person would be most appropriate for placement. It was a time to synthesize and articulate a total picture of the foster parent in written form. Upon approval of the paper by a JSSA supervisor, the foster parents were ready to meet a young person.

Making the Match: Barbara and Lashone

Until the point when a match was made, the work with the foster parent and the young person was separate and independent for me or my co-worker. Once we pieced together a potential match, based on the available foster parents and the waiting list of young people, the situation changed. Our role then became one of facilitator or "matchmaker." The foster parent and young person had to make the decision to live together themselves. Before the young person and foster parent met, we told them everything we knew about the other. If they wanted to meet, we arranged a meeting and asked them, if it went well, to have an overnight visit before deciding to live together.

Barbara met Lashone at the runaway house and took her out to dinner. Lashone returned that night eager to spend the weekend at Barbara's apartment. After the weekend, Lashone moved in. Not all matches worked out as smoothly as Barbara and Lashone's. Occasionally, after a dinner visit, a young person or a foster parent decided not to pursue the placement any further. In one case, a young person decided to wait until a single foster parent was available rather than move into a household full of children. At other times, when a potential conflict area emerged in the first meeting, we discussed it together and decided whether there should be a second meeting or not. Sometimes it worked out; sometimes it didn't. When the match seemed poor, we looked for another.

Lashone and Barbara: The Three Phases of a Foster Placement

Lashone's placement, like that of virtually all young people, started with the *honeymoon* phase. During the first weeks, Lashone re-enrolled in school and settled into the house. Barbara gave her a key to her apartment. Both were careful not to hurt each other's feelings and at times felt awkward and unsure. On the surface everything was fine, but issues and feelings were beginning to come up that no one mentioned. Lashone said she felt "on the spot" when I asked her how things were going. She spoke only of her happiness with the new freedom she had at Barbara's. Barbara agreed that everything was just fine.

During the next, or *testing*, phase, Lashone was afraid that she would be rejected and continually questioned Barbara's concern for her. When Barbara asked questions about Lashone's home life, Lashone assumed Barbara wanted her to leave. She felt guilty about leaving home and assumed that Barbara, like her mother, wanted to punish her. Just as she never talked about the anger she had toward her mother and father, so she avoided talking about her feelings to Barbara.

As Lashone withdrew, Barbara questioned her role as a foster parent. She felt like a failure and wondered if Lashone should leave because she was doing such a poor job as a foster parent. She convinced herself that her schedule was too busy and Lashone needed more time than she could give her.

When I met with them in weekly supervision, I emphasized the need for them to talk about the things that were on their minds and asked them to share with each other the things they had told only to me. Slowly they opened up to one another. Lashone told Barbara stories about her problems at home which gave Barbara an awareness of why she ran away, and Lashone reassured Barbara that she was the foster parent she wanted. Barbara in turn spoke of her feelings of inadequacy, her desire to be the right person for Lashone. Slowly and painfully, Lashone and Barbara broke through the hardest phase of any placement into the final period of *commitment*.

Once in the period of commitment, the foster parent and young person had decided to see the placement through to its natural conclusion. Now Barbara gave Lashone the trust she needed to realize her own capabilities and strengths. She encouraged Lashone to borrow her clothes, allowed her to stay alone in the apartment on an occasional weekend, and brought her along on a long trip to visit her family. Meanwhile, Lashone allowed Barbara to meet her family. When she discovered that they liked Barbara, she herself began to feel more secure with them, more a part of her family even as she was becoming independent of them.

Supervision Meetings

To remain involved in the placement and available for resolving its problems, we developed weekly foster family supervision meetings. Lashone and Barbara came to our office; in other cases we went to the foster parent's house.

The content of the meetings varied greatly with different placements and at different times in each placement. During the honeymoon phase, Lashone and Barbara worked out house rules and chores, amounts of allowance and school problems. In the testing phase, the issues that came up involved the foster parent and young person's feelings about themselves, each other, and their natural families. As Lashone confronted her mistrust of Barbara, she also looked at the mistrust and anger that she had toward her mother and father. These meetings paved the way for the commitment phase. Now less dependent on outside facilitation and determined to work things out, Barbara and Lashone discussed issues more easily than in the months before. We reduced the frequency of supervision meetings to twice a month.

While Lashone used supervision to confront her interpersonal insecurities, other young people explored their fear of school or sex, their feelings of inferiority or unattractiveness, and their roots in past experience. Often, it took the foster parents and the young people time to discover how they could make the meetings useful. Once they did, they made the meetings fulfill a variety of purposes. They were a place where young people learned they had a voice and a right to be heard. They provided a time for safe confrontation and anger, for preparing to leave as well as an occasion for sharing and laughter. Most importantly, the sessions were a place where everyone involved, especially the young people, realized that feelings and ideas could be discussed in healthy and supportive ways without fear of punishment or criticism.

During supervision meetings, all needed casework, support services, and referrals were discussed. Lashone needed a summer job, help with college applications, and family counseling. Another young person needed advocacy in juvenile court, while others had to negotiate for school clothes, lawyers, medical care, tutors, etc. In addition to our regular supervision meetings, foster parents had a monthly group meeting where they could give one another support and criticism while sharing their experiences, and each foster family could in a time of crisis ask for an extra meeting with our own staff.

Family Counseling

Whenever it seemed appropriate, counselors from SAJA's family seminar counseling group tried to work with the natural families of the young people in foster placement. Lashone, her mother and sisters continued family counseling for the first 5 months of Lashone's placement. Lashone said, "It did good for me, because a lot of things that I never knew before came out in those sessions." She gained insight into her mother's background and her relationship with her father, and she began to share some of her own resentments and needs. Lashone told her mother how angry she got when her mother took the abuse her father handed out; her mother talked about how important it was to her that her children had the things in life that she didn't have; and her sisters began to understand their part in the family's problems.

Because of the security she felt at Barbara's and the understanding she gained from supervision, Lashone was no longer afraid of what might happen with her family. She became more direct and outspoken during the sessions. Lashone's mother believed the counseling helped her realize "that we're living in another day and another time." Eventually the family counseling stopped, but not before changes had been made. Lashone's mother asked her father to move out; her sisters stopped seeing her as the "bad" sister who had run away. Eventually Lashone began to spend weekends and holidays at home.

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Not all situations worked out like Lashone's. One young person continued family counseling for a long time, her parents never admitting their part in their daughter's problems. Sometimes the young person or the family refused to have counseling or indeed to have anything to do with one another.

Advocacy

We did everything possible to work with the natural family. At times, however, they were so antagonistic that my role became one of advocate for the young person and the foster family he had chosen to be part of. Where the natural families were unilaterally and dogmatically opposed to what the young people wanted, I found myself having to help protect the young people and their foster parents from the family's wrath. One young person was under constant fear that her mother would find her, beat her, and then have her locked up. Despite her mother's threats, we continually refused to give out her daughter's address. Another case ended in a court battle with our program, the young person, and the foster parent pitted against natural parents who wanted their son hospitalized.

Moving On

Young people ended their placements in a variety of ways. Sometimes they feared commitment to their foster parents and the possibility of rejection and acted obnoxious enough to get themselves kicked out of the house. Others, like a young woman placed in a group household, grew up, changed roles, and became a housemate rather than a foster child. One young person ran from the foster family to his natural home, and still others left for college, independent living, or a job in another city.

After Lashone had lived with Barbara for a year, Barbara decided the placement should end. She had plans to leave for the summer and felt she now needed more time for herself. The separation was not an easy one for Lashone or Barbara. Almost 2 months before the placement was to end, we began to discuss Lashone's living alternatives: home, friends, or another foster home. As we talked about her choices, Lashone spoke about her relationship with Barbara and her fear of making another change. Barbara felt guilty and needed to talk about it. She feared that Lashone would see this as another rejection. This turned out not to be the case. Lashone wanted to stay longer, but she also understood that Barbara needed time to herself again. Barbara thought she should return home, but Lashone decided to move in with a friend and her baby who lived in Barbara's apartment building.

The effectiveness of a placement, like its initiation, was hard to measure statistically, easier to appreciate intuitively. Lashone's placement was obviously a good one. By the time she left Barbara's, a self-confident Lashone was getting high marks in school, was looking forward to college, and had been hired as a peer counselor at the Runaway House. She had grown closer and more assertive with her mother and sisters and was re-opening her relationship with her father.

Aftercare

The young people understood that they were still considered a part of the foster care program, even after their placement ended. I met with Lashone weekly after she left Barbara's, and the program provided part of the financial support she needed for her first months on her own. By the end of the summer, she had decided to move home. She wanted to finish high school, and she did not think she could do that while working to pay her rent. After she returned home, our meetings became irregular, but we always kept in touch.

One day Lashone's mother called me and said, "You know, she never gave me a reason for running away; she hasn't given me a reason for returning home." Still, so far as she and Lashone were concerned, things were going well. Lashone had changed, and her family had changed. She understood the situation at home; and her father whose inconsistencies and demands had put pressure on all of them was gone.

Conclusion

A few months after Lashone returned home, we were talking on the front steps of the runaway house. Lashone said that her sister was thinking about running away, but she was trying to talk her out of it. I asked her, if she had to do it over again, would she run. She answered quickly, "Yes, it wasn't easy, but I had no choice." For young people like Lashone, who feel they have no choice, carefully planned and supervised flexible foster placements can make an enormous difference. It is hard work for everyone involved, but the rewards of being able to offer a young person a new start when they have few or no options are more than worth the effort. And the need for programs like ours is, unfortunately, increasing every day.

Long-Term Placement at Huckleberry's

Jay Berlin, M.A.

History

Huckleberry's for Runaways, the Nation's first shelter for teenage runaways, opened its doors in June of 1967. It was formed by several San Francisco churches in cooperation with a number of local agencies, including Traveler's Aid, Department of Social Services, Red Cross, YWCA, San Francisco Family Service Agency, Jewish Family Service Agency, and, most importantly, the San Francisco Family Therapy Center. This somewhat extraordinary act of interagency cooperation was an attempt on the part of the community to provide for the emergency occasioned by the "summer of love," the influx of thousands of flower children into San Francisco's Haight-Ashbury District. Young people did not stop leaving their homes after the summer of love. While some of their characteristics changed, substantial numbers of them continued to come for help.

The 5 years between 1967 and 1972 saw significant development in Huck's. There was a shift in staff attitudes and an important increase in staff self-respect. The demystification of psychotherapy was an important occurrence in the development of runaway houses and the related service network in the United States. In our case, the demystification process was aided by a handful of sympathetic professionals—Huck's consulting psychiatrist Wes Kline; psychologist Mike Cohen, and several associates from the Family Therapy Center of San Francisco. These professionals accepted many of the same service delivery principles as the nonprofessional Huckleberry staff, which helped us to relate to them and their professions. For example, staff knew from experience that running away was not an isolated antisocial act but rather a reflection of the larger family constellation. This notion was openly embraced by the Family Therapy Center, which espoused a family systems model, Conjoint Family Therapy, emphasizing the mutual responsibility of all participants and the dignity which each must have if an intervener is to be effective.

Huck's service capacities were developed by noncredentialed paraprofessionals who were more interested in meeting human needs than they were in professional rewards. But rather than taking an antiprofessional stand, Huckleberry House sought and obtained recognition for being expert in a newly developed field.

The Need for Comprehensive Services

As Huck's staff developed their skills in various specialties, became increasingly familiar with juvenile law, and learned to negotiate political systems, the need for more comprehensive services became apparent. Dissatisfaction with the treatment of young people in the juvenile justice system caused crisis center staff to identify the need for closer ties with attorneys. As young people reported problems related to their lack of work and economic self-sufficiency, the need for vocational resource development became apparent.

The demographic characteristics of clients coming to Huckleberry's changed markedly after the summer of love. In 1967, 50 percent of the youth served by Huck's were from the Bay area; in 1976, 70 percent were local clients. By the early 1970s, it was clear that the problem facing Huck's was not to reconcile transcontinental runaways with their families back home. These new runaways were from nearby communities. They were middle-class young people looking for help who had left home because they knew that something was seriously wrong.

Crisis intervention and family therapy reconciled many of these troubled families, but the need for residential placements for young people was obvious. In 1970, 15 percent of the clients served at Huck's (and in 1971, 11 percent) went to licensed placement facilities. Crisis center staff wanted to advocate for clients in the placement process, but were overburdened with crisis work and unfamiliar with the over 200 placement facilities in northern and central California. Effec- tive advocacy in those areas required specialization beyond Huck's capabilities.

Consequently, Huck's moved toward responding to varied client needs with a more comprehensive network of family and social de- velopment resources. To move from a resource center to a service system, a nonprofit corporation called Youth Advocates, Inc., was formed. Coordinating available youth services, creating new services, and advocating on behalf of youth within other agencies, Youth Advocates' guiding philosophy was working with clients rather than for them; providing "the necessary services within a process which is growth promoting in that it involves the decisionmaking of youth as the key factor in what services are delivered" (Youth Advocates 1972). Specific resources included a staff attorney, short-term group home, long-term group home, job program, an alternative living arrangement program, and various auxiliary client advocacy, counseling, information, and educational services.

Extended Placement

We began efforts to provide, or refer young people to, longer term residential care by collecting information about existing programs. We visited 50 or 60 facilities, attempted to interview the person responsible for each program, viewed the site, and talked to staff and residents. We distributed questionnaires asking questions: What is a normal day in your facility like? How much decisionmaking power do young people have? How does the authority in the facility enforce limits? What do the young people who live in this facility think of the place? We established a cross-indexed filing system which referenced placement facilities by type of program, geographic location, and age, gender, and characteristics of clients served.

This information allowed the young people to take an active role in the placement process. A counseling procedure was developed in which client and staff gradually narrowed down the possibilities for placement. If, after a series of sessions, a client decided that she wanted to live in a small group home in the country that provided therapy, the counselor gave files on all such programs in Northern California to the client. The clinet's first, second, and third choices were communicated to the probation officer or social worker with a request that the client visit the facilities. We worked hard to encourage Social Service and Probation Department workers to delegate as much of their task to us as they were legally allowed. We believe that this process maximized the dignity and autonomy of the young person and strengthened his commitment to the ultimate placement.

In 1974, after the referral service had been in operation for a year and a half, Youth Advocates opened a short-term residential facility. Clients needed a secure and stable residence during the 6 to 8 weeks required to complete the counseling process, make the decision about the most appropriate residential alternative, and traverse the legal obstacle course. Since the runaway center was not capable of handling young people for this length of time, a pre-placement group home, "Middleground," was established. Middleground provided an 8-week maximum stay for six teenagers who were going into long-term placement. Staff who lived with youth in the pre-placement home could thoroughly evaluate a client's needs and behavior, facilitating better counseling and placement decisions. Unfortunately, Middleground fell victim to an adverse ruling by the State fire marshall and was closed. In its 2 years of existence, it helped several hundred young people find long-term places to live.

Another part of the 1972 Youth Advocates' comprehensive system was a short-term group home called Greenhouse, which provided a 6-month maximum stay. Greenhouse gave clients extended time in which to make major life decisions and obtain the necessary skills to implement those decisions. In general, Greenhouse clients were expected to decide to go home, live independently, or move into long-term placement.

After about a year, staff at Greenhouse decided to reorganize the program. They felt that a 6-month period was "too in-between." It took clients about 3 months to settle into the house routine. Staff then had to begin pushing clients to make and begin to implement decisions about leaving. Many times, staff felt that they had just begun to see improvement in a young person's self-esteem or attitude when he was forced to leave. They feared that the transition threw clients back into old patterns. Moreover, the high turnover created an insupportably high vacancy factor so that the program was not paying for itself.

Greenhouse was restructured into a 1-year maximum stay therapeutic community for teenagers. Program objectives were designed to conform to what Greenhouse staff considered to be the four developmental goals of adolescents: (1) moving from family dependence to relative independence; (2) getting along comfortably with peers; (3) preparing for a vocation through training programs; and (4) adjusting to sexual maturity. Greenhouse staff pursue these goals through family, group, and individual sessions and role modeling. Each client moves from an initial phase through third, second, and first levels by earning points for accomplishing specific tasks and meeting agreements regarding their own plan.

Following the deinstitutionalization of California status offenders in early 1977, Youth Advocates developed another short-term residential facility. Through a contract with the San Francisco Juvenile Probation Department, Youth Advocates opened a house to provide short-term—up to 21 days—housing for all young people "arrested" on runaway petitions or for being beyond parental control. Except for the source of intake, Rafiki-Masada was a crisis-resolution program, similar to Huckleberry House. It lasted almost a year before it encountered funding problems. The Department of Juvenile Probation claimed that it could no longer afford to fund the crisis-resolution home and proposed to carry out these services from an unlocked section of juvenile hall.

The demise of Middleground and Rafiki-Masada and the Greenhouse's change from a 6-month to a 12-month facility raised questions about the efficacy of overspecialized, short-term residential programs. On the one hand, these highly specialized programs offered excellent services, enhancing the decisionmaking ability of their clients while at the same time stressing responsibility, limits and controls, individual integrity, and self-determination. But the funding base for these programs had been unreliable. They had, in general, been dependent on sole-source public funding and were susceptible to changing political conditions. It seemed that less specialized short-term shelters like runaway programs or long-term programs like foster care were better able to garner multibase funding and, thus, to survive.

Alternative Living Program

In addition to humanizing institutional placement, Youth Advocates' (YA) staff attempted to develop family placement. In time, Youth Advocates obtained a Homefinders' Agency License which allowed it to certify its own foster homes without referring them to a public agency. Through media requests for foster parents, YA obtained over 100 responses; however, only six families passed the screening, and only two foster placements were made, none lasting more than 6 weeks. This experience led directly to the inclusion of an Alternative Living Program within the comprehensive system.

Youth Advocates concluded that the main reasons that the foster care situations did not last were inappropriate and unexpressed expectations on the part of both families and young people and the families' lack of self-knowledge. If family members understood that families are systems operating with predictable rules, clear expectations could be expressed and placements would more likely be lasting. Thus, we decided to provide the families we recruited with a 10-week experience to teach them about how their family system works before placing a teenager with them.

We contracted with the San Francisco Family Therapy Center to provide overall clinical supervision for the emerging Alternative Living Program. During a series of meetings with Family Therapy Center associates, we received supervision for (1) developing the criteria for families to be recruited; (2) recruiting families into the program; (3) screening those families; (4) determining the content of pre-placement group sessions; and (5) making the actual placement of young people in homes.

Recruitment, done on a personal basis, was excruciating. When we finally began the pre-placement teaching cycle, we had only four families, two of whom were those of Youth Advocates employees. It was never made clear whether families accepted into the program were committed to taking teenagers or not. The elements of providing a home for a teenager and of learning about one's own family system were never coherently fused. It is unusual to find a family interested in both things at once. Many families were sincerely interested in finding out about themselves and using the group as a therapy and growth tool. Those families generally decided that the worst thing possible for their continued growth would be to take into their households a teenager with problems. On the other hand, there were many who did want to take in teenagers but who were not interested in introspection. These families were particularly resistant to the exercises and role-plays. Their discomfort and suspicion were heightened by our anxiety regarding their participation and eventual placement of teenagers with them.

Our concept of foster parent self-awareness training prior to placement, while good in theory, left much to be desired in practice. When recruiting families for our program, we stopped short of demanding what is called the "therapeutic contract." Thus, neither training nor therapy, but something in between (and probably the worst of both), was provided.

The first recruitment and teaching cycle produced no families willing to take a teenager on a long-term basis, but it was a learning experience for staff. In the following months, we repeated the entire process. This time we used mass-media techniques to recruit prospective foster parents and liberalized our admission criteria to include single people as well as couples. Families were not asked to make a firm commitment to take a teenager into their homes until the end of the teaching cycle. Most importantly, staff took a more direct role in the actual teaching phase. We still consulted with the Family Therapy Center professionals, but this time we ran the teaching sessions ourselves. Feeling more in control of the program, staff found it less necessary to fight families for control; as a result, families felt more comfortable. Of the 13 families that began the program, seven were willing to consider placements following the teaching phase. Gradually, our exclusive focus on the young people broadened. Foster family and youth were seen as a holistic system. Without realizing it, we had started with an attitude protective of the young people and moderately coercive toward the families; we wanted families to take specific steps in certain ways.

This cycle resulted in four young people being placed. We found that, to be good for the youth, a placement must be good for the family. We tried less to change families than to understand how each family functioned and to match it with compatible youth.

The third cycle was training in the true sense of the word. We received an appropriate contract from group members. Participants were told that group time would be available to deal with personal issues, if so requested, but this was strictly voluntary. We relied heavily on parent effectiveness modalities. We used stories based on actual case histories of youth who had come through Huckleberry House. As much as possible, we identified our own values, making it clear that it was not necessary for families to agree with us. Following this approach, we were able to work with families with varying lifestyles—single-parent homes, communes, group foster family homes, and both male and female homosexual households.

By 1976, the Alternative Living Program was established and successful. In 1978, for reasons of funding and program size, the program separated from Youth Advocates. Now known as Alternative Family Services, Inc., it is currently seeking funding for research related to youth's long-term support needs.

What We Learned About Family Placements

Honeymoon-Crisis

The honeymoon-crisis phenomenon in adolescent foster placement is typical and perhaps inevitable. During an initial period, from 10 to 90 days, relationships between the adolescent and the foster family are good. Although there is a low level of anxiety, both parties are resistant to intervention by anyone with authority over the foster placement. This honeymoon is generally ended by a crisis which seems to erupt spontaneously. We feel that this crisis is typically caused by the unwillingness of foster family and young person to share negative feelings with one another. Generally, the young people are coming from situations where expression of negative feelings is counterproductive to survival. If they do not like a particular rule or agreement, rather than say so outright, they try to find some way around it. New foster parents, often out of sympathy, refrain from disciplining a foster teenager. Youth and foster parents prefer to pretend everything is fine while resentment and dissatisfaction are building. The crisis hits not only because of provocative teenager behavior, but also as a result of this reservoir of ill will.

Our training presently includes a thorough explanation of this phenomenon as well as illustrations, tapes, and role plays. We see the honeymoon crisis as a normal adjustment reaction in any new living situation. We tell our families, "When the crisis hits, don't freak out; it means you're normal."

Nearly always, the teenager's "misbehavior" occurs in an area of particular sensitivity or rigidity in the foster parents. The issue may involve sexuality, or drugs, or limits on their own children. "At that time," we tell parents, "you will have to look within yourself and decide whether you want to change those values or change your commitment to the teenager. The teenager will be going through a similar process." When the crisis hits, the staff usually do intensive family counseling. Either the placement breaks up, or there is a resolution of the fundamental differences in value systems between teenager and family. When a resolution occurs, the placement is generally very stable thereafter. Even if the placement is ended, it is not necessarily considered a failure. We uphold the right of both families and teenagers to decide their own course. Knowing their limits helps us make more appropriate matching decisions in the future.

The Single Parent

In 1973, a single foster parent was a rarity. While not illegal, licensure of a single person as a foster parent was greatly discouraged. Most social workers felt that a young couple with a small child would be the most stable placement for an adolescent. Our experience, however, contradicts this belief. There are teenagers who want to live with couples. Yet, we have found that runaway teenagers with generally unstable, often unhappy, and nearly always unsuccessful experiences in living with families have difficulty fitting into the pre-determined schedules and routines that families with children have. Living with a single adult, who assumes a role more like a big brother or big sister than a parent, tends to provide a setting more open to negotiation.

Contracts

Teenagers and families meet through a visitation process. They generally start with a meal together and progress to longer visits, culminating in a 2- or 3-day trial visit. Between visits, families and teenagers consult individually with our staff who encourage them to share negative and positive feelings. When a placement is about to begin, we help negotiate a written contract between family and teenager. We act as arbitrators or facilitators; except for some very basic principles, e.g., no physical violence, weapons, etc., we do not dictate terms. We do insist that the terms be written down. Contracts, of course, can always be renegotiated. We have found that written contracts avoid an enormous amount of squabbling between young people and foster parents.

Communes

While sometimes able to provide an excellent living situation for the right young person, communes are difficult to recruit and train. During 1975 and 1976, a part-time staff person took responsibility for recruitment of communes as foster homes. We thought that the large number of these living situations in the Bay Area and their relatively well-developed network system might be a resource for our clients. Legally, we needed one adult member of the commune to act as the foster parent of record, whether or not that person acted in fact as the teenager's parent. For practical reasons, we demanded a commitment on the part of the commune as a group to enforce whatever agreements they collectively negotiated with the teenager. It was on this point that we encountered great reluctance. The commitment to "struggle together" usually stopped short of enforcement. This reluctance, coupled with the fairly high transience of commune members, led us to conclude that it was counterproductive to put much energy into recruiting communes as an alternative living situation for teenagers.

Gay Foster Placements

No laws specifically prohibit the licensure of a homosexual as a foster parent. Yet, as a matter of practice, the public agencies will not do it. Since 1973, we have certified eight homosexual households to accept teenagers. All the young people placed in these homes had previously identified themselves as homosexuals. As might be expected, these placements are more personally and politically sensitive than any others. Our policy is that young gay people, like all people, have a right to self-determination. There are many adult homosexuals in our community who can serve as excellent role models.

Group Foster Family Homes

These are homes which house up to six teenagers. Generally, they are established because individuals, families, or groups of people want to run a "professional" family home for teenagers. These homes differ from the usual family homes in that they have specific program structure, such as a point-level system or an individual contract system. Foster parents receive sufficient payment from our program to pay relief staff so that they can take 2 days off per week. There are also funds for house parent training and for the purchase of educational and recreational materials. Each home has one house meeting and one group session per week. These group foster family homes have many features common to professional group homes but are in the home of the provider and built around the foster parent's personality, family, and existing support system.

There are many advantages to this model. Young people live in family rather than institutional environments. The cost is about half that of conventional group homes. By contracting with a variety of group foster family homes, we can meet the needs of many young people. Contracts are generally made one year at a time. On two occasions, foster home parents used their contract time with us to gain greater sophistication in adolescent-care techniques and administrative skills so that they could obtain a State license to operate professional group homes. We are glad to provide parents with employment, training, and an opportunity to move up professionally.

Topics Needing Further Consideration

In the early 1970s, paraprofessional runaway programs familiarized themselves with the theory and practice of family therapy; thereby improving their programs and strengthening their recognition and credibility in professional and legal circles. Short-term and long-term residential services, developed as outgrowths of runaway programs, are lagging roughly 5 years behind in professional and attitudinal development. We must begin to familiarize ourselves with techniques of data collection, research, and general trends in the "professional" treatment field of adolescence. We hope to profit by the experience of those who have gone before us, to strengthen our programs and our base without imitating traditional practices.

The issue of adolescents away from their homes requires serious redefinition. What is the "norm?" Definitions based on the traditional nuclear family are no longer adequate. Recent foster-care literature describing such innovations as "permanency planning" (family reunification, innovative use of guardianship, termination of parental rights, adoption, etc.) tends to concentrate on younger children. These techniques have not been seriously considered for adolescents; nor have the economic, legal, and social considerations surrounding emancipated minors' status and independent living situations been seriously developed. The literature that does concentrate on adolescents, primarily in the areas of juvenile delinquency prevention and the juvenile justice system, tends to define the "problem" in terms of law enforcement, crime, recidivism, etc.

It appears that innovative programing for the crisis needs of special adolescent populations is being developed. For example, Huckleberry House has recently initiated a Sexual Minorities Program offering counseling, emergency housing, and work stipends to female and male youthful prostitutes, victims of sexual assault and abuse, and homosexual youth. This program will use short-term foster homes as one housing resource. Alternative Family Services will serve as consultants and perhaps trainers to Huckleberry House for the provision of these residential services. Once these youth have resolved their crisis situation, the question of long-term residential services arises.

Finally, an alternative to sole source per diem public funding of foster care must be found. Per diem funding encourages us to keep young people in our care. It discourages both reunification with the family and independent living. It encourages us to compete for our survival with other vendors of residential care rather than to develop according to what best meets the needs of our clients. Studies should be undertaken which compare the long-term cost efficiency of per diem funding to a tiered system which would include per diem funds as well as subsidies (where residential facilities recover certain portions of fixed costs regardless of occupancy) and aftercare (where residential facilities are paid for some time after the young person leaves the facility). We should also look to the development of profitmaking enterprises to establish an independent economic base as an alternative to public funding. Such enterprises would deliver desired goods or services to the community and would also provide jobs and training for young people.

Reference

Youth Advocates, Inc. *Huckleberry House Youth Service Center.* Proposal to the National Institute of Mental Health, 1972. p. 2.

Youth Employment as a Preventive Mental Health Strategy

Mike Herron

A job plays an important role in how an individual feels about himself. In comparison to their nonrunaway siblings (and to other adolescents), runaways have significantly lower self-esteem. These young people, who have trouble liking and respecting themselves, are more prone to self-destructive behavior and to crises at home, in school, and with peers. One way to improve a young person's self-image and give him greater purpose and future goals is to provide employment and the support services necessary to keep him employed. The Goal Assistance Program (GAP), funded by the Comprehensive Employment and Training Act (CETA) and operated by Head Rest in California, is an innovative attempt to help disadvantaged youth begin to view themselves as productive members of society.

The Development of Head Rest

Head Rest began as a 24-hour drug hotline in 1970. It subsequently grew into a consortium of services for the residents of Modesto and Stanislaus County. As Head Rest's programs evolved, their emphasis shifted from treatment to prevention and education. Concurrently, the trend has been to serve younger clientele. Today, approximately 75 percent of Head Rest services reach clients 21-years-old and younger. These services include: Shelter care for adolescents; drug diversion and education; employment counseling and work experience; individual, family, and group counseling; counseling services in the senior high, junior high, and elementary schools; and diversion counseling in collaboration with law enforcement agencies.

Head Rest has four components:

- a job developmental and rehabilitation program for adult exoffenders and drug abusers
- a drug treatment unit with an education and prevention focus

- a youth service bureau with a runaway house, a juvenile diversion counseling program, and a school-based counseling program
- GAP

GAP works closely with the other Head Rest components. Any clients in the runaway house who are 16-years-old or older and meet CETA income requirements are referred to GAP. About a quarter of the runaways are eligible for GAP. The GAP staff also do informal work outside of their CETA program to place a few ineligible clients from the youth service bureau in private sector jobs.

Several other connections between GAP and the runaway program are noteworthy. Clinical supervision is provided to GAP and runaway house staff together. The two programs are also jointly applying for youth employment funds for a special project. In addition, some of the GAP clients have been trained as peer counselors in the runaway house. In the future, GAP staff hope to combine independent living skills training with employment for more and younger runaways.

Goal Assistance Program

The GAP is a comprehensive, multifaceted program dealing with the employment needs of economically disadvantaged youth age 16–21, who are either high school dropouts or transitional youth having difficulty entering the labor market. GAP attempts to take a holistic approach to the needs of youth, viewing unemployment as a symptom rather than the problem. To that end, GAP addresses the needs of youth for work, education, financial stability, responsible independence, and positive self-concept.

Stanislaus County has a population of slightly over 250,000 and is predominantly rural, with the exception of Modesto which has a rapidly expanding population of 100,000. It is essentially an agri-business community and consistently ranks highest among metropolitan counties in total unemployment—13.4 percent. The unemployment rate among the 16–19-year-old group is 32 percent, and among minority youth it is even higher.

Initially, GAP clients were recruited primarily from probation and school-attendance officers and welfare workers. Today, word-of-mouth provides a steady flow of clients, and little, if any, recruitment is necessary. If a client meets the basic criteria of CETA guidelines, an appointment is scheduled with the intake worker trainee. The intake worker trainee is a GAP client trained in CETA eligibility, completing paper work, and basic counseling skills. A client is used in this crucial role to put the new client at ease and to provide a positive role model from the initial meeting. Once the paperwork is completed (and this may necessitate a return visit by the client to bring a social security number or income statement signed by a parent), the client is assigned to the next module opening available, usually within 2 weeks.

The GAP module is 1 week long (5 days for 6 hours daily). Clients are paid minimum wage to attend, and attendance is mandatory. The module is a process-oriented group designed to deal with clients' job readiness and self-esteem. Enrollment averages about 15, and it is led by a trained group facilitator in conjunction with one of the GAP job development counselors. The module was developed for a number of reasons: (1) to get money into the hands of the client as quickly as possible (for that reason it is offered the second week of each payroll period so the client receives a check the following week); (2) to help clients recognize the obstacles to progress which they place in their own paths; (3) to encourage clients to learn, in a group setting, that their problems are not unique and that they can be helped through a peer-support system; and (4) to help them become acquainted with what GAP offers and how they can use it.

Confidentiality is agreed on, and clients are encouraged to reveal as much about themselves as they feel comfortable in sharing. Facilitator(s) use exercises to guide group members in examining their values toward work, education, others, and themselves. By the end of the week, clients have learned a great deal about themselves and usually feel somewhat more comfortable about taking a job. On the final day of the module, job-development counselors meet with each client individually. Appointments are also set up for the following week with the job-development counselor. The module facilitator prepares notes about each client's participation in the module, and these, with the intake worker trainee's comments, are used as an assessment tool by the job development counselor.

In their initial appointment, the job-development counselor focuses the client on a decision about work that most interests him. Despite their desperation for employment, clients are advised not to take just any available job. At GAP we believe that, if a job is in a field in which the client is sincerely interested, the chances of his making a substantial investment and being successful are greatly increased. Having discovered the client's interests, the counselor arranges a placement in a program which qualifies him to participate in CETA. GAP pays the client's wages, and the employer provides supervision and training in a marketable skill. Clients may work for up to 6 months, full-time (40 hours per week), before they are required to terminate participation in the program. During this time, the counselor maintains contact with the employer and client at least every 2 weeks, more often if necessary. In addition, clients must bring their timesheets into the office every 2 weeks.

As a client nears the completion of the program, the counselor works with him to develop a future plan. Generally, the young people's goal is to move into nonsubsidized employment, although some want to return to school or obtain additional training. The counselor may assist the client in writing resumes, filling out applications, and developing interviewing skills and may write letters of recommendation for the client. The client, who now feels a sense of accomplishment from the initial job placement, is often able to find a job with his CETA employer or elsewhere in the community.

Supportive services are offered to clients during their initial work experience. These services include: counseling (individual, group or family); assistance with transportation expenses and the cost of necessary tools, uniforms, and safety equipment, etc.; childcare allowances for working mothers; and educational services.

GAP's educational program is aimed at the needs of re-entering high school dropouts and is coordinated with its jobs program. All clients who have not completed high school requirements are urged to attend. Classes are offered on an open-entry and open-exit basis with an individualized curriculum geared to the pace of each student. Students may earn credits as rapidly as they complete the work. For those students for whom completing high school requirements is a remote possibility, intensive preparation for the General Educational Development (GED) and/or High School Proficiency exams is available as is drivers' education. If a student lacks basic reading skills, an individualized remedial reading program is developed. Students may obtain credits for work experience and are encouraged to apply academic learning to their everyday lives. The ratio of certified teachers to students is never greater than one teacher to eight students. An aide is available, and other job development counselors are required to assist in classes on a rotating basis to familiarize themselves with the educational program and to have the opportunity to relate to their clients in a different setting.

During 1978, GAP served nearly 400 clients. Two-thirds of the clients who participated in GAP either entered the nonsubsidized labor force, returned to school full time, joined the military, or entered another training program to obtain additional skills. The school program, which began functioning full time in the fall of 1978, has, to date, graduated six students and enabled another six to complete their GED or High School Proficiency exam successfully. Virtually all of these young people were previously considered hopeless failures by the agencies and schools with whom they had come in contact.

Like the clients it serves, GAP is continually changing. Some of the improvements GAP is anticipating include: adaptation of the process-oriented group module to an educational curriculum; formation of a youth advisory group to allow youth to have direct input into program design, content, and evaluation; development of an employment program around the specific needs of handicapped clients; and inclusion of experiential activities, such as theater and recreation, in the educational curriculum for disadvantaged youth who have not had these opportunities before.

Conclusion

Head Rest and its employment component, GAP, operate from the premise that individuals have the capacity to make changes in their lives. The role of the staff is to facilitate each client's development. We encourage runaways and other young people to determine the direction of their own lives. Furthermore, we help them learn self-validation so that at any point in their lives they can take stock of themselves and plan a strategy to move toward their aspirations effectively. Initially, the emotional and educational problems of the youth participating in GAP interfered with their progress in the program. Few had been able to participate in more conventional jobs programs; many were in constant turmoil at home or on the run; not surprisingly, many of them were not successfully employed after the program. However, we have developed the module, peer support, and a responsive educational program to insure that their needs are met by GAP and have discovered that, with this support, many young people are able to become more confident and self-sufficient at home or on their own.

Advocacy: Strengthening Individual Power

Jayn Allie

The Whitman Center

The house at 4708 Davenport Street in Omaha, Nebraska, looks like any other house in the neighborhood. For the last 4 years, this house—the Whitman Center—has been a temporary home to approximately 690 youth. The Whitman Center is a short-term, crisis-intervention program, providing counseling on a residential and nonresidential basis to youth, aged 13 to 17, and their families. Approximately 30 percent of these youth are runaways. Others are referred by Juvenile Court as an alternative to incarceration while awaiting a court hearing. Referrals also come from the school system, human service agencies, public welfare, and protective services. The needs of youth and families are as varied as the places they come from and require flexibility and a broad knowledge of community services.

Since the Whitman Center opened, it has undergone many changes, one of the most important of which has been in the area of advocacy. The initial efforts of staff centered on (1) providing counseling and shelter to youths in crisis, (2) providing counseling to youths' families, and (3) determining what available services best fit youth and family needs. These tasks remain an important part of the Whitman Center program. But early in the program, it was discovered that providing services and making referrals were not enough. Clients were constantly facing dilemmas that could not be resolved by counseling, provision of temporary shelter, or making referrals. A client's needs would be assessed but no services found to deal appropriately with those needs. Clients referred to particular agencies were unable to receive services. Clients appearing in court on a status offense had little or no input in their hearing. Despite good services, the program was inadequate to meet all the needs of young people in our community. Staff recognized that the critical issues often revolved around a client's inability to have an effect on, and therefore bring about change in, his environment. Something more was needed. That something was advocacy.

Advocacy's focus is on the interface between a person and his environment. Using a combination of community organization and "change agentry," advocacy attempts to strengthen the ability of individuals (case advocacy) or groups (class advocacy) to bring about change in their environment and, in doing so, to increase the chances of their needs being met.

In our program, advocacy is seen as part of every client intervention plan. The caseworker assesses the client's needs and determines which can best be handled by providing direct services, such as counseling, and which require advocacy to make changes in the relationship of the client to his environment. Often counseling and advocacy go hand in hand. For example, a client comes under court jurisdiction and is placed at the Whitman Center after a history of running away from an alcoholic mother. In counseling sessions, the caseworker helps the youth develop alternative ways to deal with stress and an understanding of alcoholism. The same caseworker advocates in court for placement of the youth in a group home until the mother has had a chance to go through drug-dependency treatment.

By including advocacy as an important task for direct service staff, we have greatly expanded our ability to address a variety of the dilemmas our clients face in getting their needs met. Where needed services are nonexistent, it is possible to advocate for the creation of these services within the community. When clients have trouble obtaining existing services, it is possible to bring about change in the policies that make these services inaccessible.

Advocacy Begins Within the Runaway Program Itself

Any program that is concerned with promoting the rights and responsibilities of young people must encourage and allow them to participate fully in delivering as well as receiving services. Youth must be enabled to evaluate the effectiveness of the service providers who have helped them assess their own progress. Any program that advocates for young people in the larger society can best start by empowering youth within its own program.

At the Whitman Center, ongoing program evaluation by young people serves as a safeguard against the abuse of clients' rights and helps to guarantee responsive, quality services. To ensure quality programs, clients can:

- use formal grievance procedures
- provide informal feedback to staff on their behavior
- serve as policymakers
- serve as advocates for other clients

- routinely be included in service evaluations

Administrative and direct service staff must advocate for client involvement in policymaking and program planning. A program for runaways which fails to do such internal advocacy risks alienating clients by failing to address their needs.

Recently we moved into a stronger class advocacy position by facilitating the formation of a Youth Council. This council includes youth who have received our services, as well as members of the community at large. They have adopted as their primary purpose the promotion of the community's interest in, and appreciation for, the work and responsibilities of youth within the community. In line with this purpose, they actively sought membership of the council on our agency's board and are advocating membership and participation of youth at all community meetings at which youth issues are addressed. The council plans to serve as a clearinghouse for gathering and disseminating information relating to youth and hopes to publish a newsletter and set up a speaker's bureau.

Advocacy for Clients With Other Agencies

Programs which have proved themselves responsive to clients are in a good position to advocate on their behalf with other agencies. Advocacy " . . . may well go beyond giving (clients) information or . . . arranging an appointment and escorting them there" (Perlman and Gurin 1972). An advocate moves beyond consideration of what services exist into consideration of what constraints might prevent those services from being available to a particular client or group of clients. But advocacy does not stop there. It also involves an attempt to remove constraints. It " . . . often entails convincing an agency by persuasion or pressure to alter its way of delivering its service" (Perlman and Gurin 1972).

Many of the actions an advocate may take involve behind-the-scenes negotiation, persuasion, and attempts to elicit cooperation. An advocate's negotiating and persuading powers increase to the extent that the advocacy role is seen as a credible function by the community and the service delivery system. Credibility, to some extent, evolves naturally. The community may come to acknowledge that the advocates are respectful of its needs and rights as well as critical of its short-comings. It may then use the advocates or, instead, form its own citizen advocacy groups. Realizing the positive results of advocacy intervention processes, agencies may look to advocates to provide input on client interventions. For example, the Whitman Center first introduced casework summary and recommendation forms as a means to provide input by clients, families, and caseworkers at court hearings. The court now regularly requests such a recommendation for all clients.

A clear advocacy strategy is essential. Usually, numerous factors prevent a client from getting his needs met. The first step in an advocacy strategy is to clarify these factors. For example, in a situation where agency actions seem not to be in the best interests of clients, we have found it important to ask some of the following questions;

> How specifically can the problem areas be documented?
>
> Has this occurred in more than one instance?
>
> Is this interaction the result of an agency policy or the behavior of an individual staff member?
>
> What is the agency's appeal process? To whom should complaints be directed?
>
> What other resources exist for action within the community (citizens advocacy groups, legal aid, etc.)?

Answers to these questions can clarify the forces involved and aid in strengthening advocacy attempts. We consider this the first step in planning an advocacy intervention.

The next step is to determine what degree of intervention is necessary to bring about the necessary change. Often, educating an agency to the needs of clients brings about a change in policy. In Omaha, there are few agencies that actually deal with adolescents on a full-time basis or are aware of their needs and rights. We have found that many agencies welcome constructive information on how to better serve youth. But these attempts at altering policy are successful only to the extent that agencies are committed to "(a) accountability to their consumers, advocates, and the public (b) the value of the role of advocates on behalf of consumers (c) flexibility, openness to change, and responsiveness to individual needs, and (d) a teamwork approach with the goal of quality services to the consumer" (Jessing and Dean privately published).

Lack of services is not the only reason youth needs are unmet. In many cases, services exist but do not effectively reach youth. A counseling program which requires parental permission prevents the involvement of many youth with serious family problems: They feel they cannot ask their parents for permission to participate in counseling. Some agencies have hours which make them inaccessible to youth; others charge fees which youth cannot pay; still others place a low value on youth participation in service provision. In a community where services to youth are already limited, we have found it important to direct advocacy efforts toward changing the factors that prevent youth from using what is available.

Sometimes an agency is not responsive to advocacy efforts to improve its services and make them more responsive to youth. At times, agencies become hostile toward youth advocates. It then becomes important to experiment with a variety of techniques: interagency meetings, sharing case responsibility, inviting agency staff to visit the program or serve on its board, etc. Sometimes, asking another agency to intervene as mediator facilitates advocacy. The formation of local, State, regional, and national coalitions which can put active pressure on agencies without risking loss of funds or status in the community has also proved an effective advocacy strategy.

Encouraging more adequate distribution of community resources is an important advocacy function. Advocacy interventions require examining and changing resources, service functions, and decision-making structures. Because youth services are often seen as a low community priority, human and financial resources are limited and usually inadequate. Without adequate resources, an agency—no matter how well intentioned—may be unable to meet the needs of youth. There are usually no immediate ways to effect change in the availability of resources for youth services, but people who deal with youth on a daily basis are in a good position to assess youth needs and to advocate for youth concerns by serving on task forces and committees which influence how needs are identified and resources distributed. To ensure that youth needs will not be ignored, it is important to advocate for the participation of youth on these task forces and committees—to advocate for them so they can then advocate for themselves.

Coordination: An Important Advocacy Function

The needs of our clients generally cut across the specialized, categorical services offered by any single agency. When many agencies have been involved with one youth or family, part of the problem is often the agency intervention patterns. A typical family in long-term crisis may have contact with the school system, the courts, and various mental health facilities. Each system provides a specific range of services, usually with a minimum of interagency coordination. When a problem persists because of the compartmentalized manner in which solutions are attempted, work must be done to change the solution pattern.

When a client enters the Whitman Center program, an attempt is made to find out what has been done to resolve the crisis prior to seeking our services. If it appears that the family has been involved with many agencies for some of the same problems that brought them to us, we arrange an agency planning session. Here we try to:

Find out what interventions have already been attempted and how they worked

Find out what past experiences each agency has had with this family

Identify strengths and weaknesses in the family system

Work on a plan for new interventions

Elicit involvement or re-involvement of agencies that can successfully work with the family

In this manner, the advocate works to coordinate with other agencies, identify and support family strengths, and link the family with community support systems.

Court-related Advocacy

Many young people with social and emotional problems are treated as if they were criminals. Through legal case advocacy and participation on community-wide committees responsible for expanding services, we can change the treatment which these young people receive.

In Nebraska, running away remains a status offense. Nebraska Statute 43-202, Section 4, states that the juvenile court in each county shall have: "exclusive original jurisdiction as to any child under the age of eighteen years old who (a) by reason of being wayward or habitually disobedient is uncontrolled by his parent, guardian, or custodian; (b) who is habitually truant from school or home; or (c) who deports himself so as to injure or endanger seriously the morals or health of himself or others." What this means to us is that running away often results in involvement with the court system. This makes legal advocacy an important function of the Whitman Center.

It is the primary caseworker's responsibility to accompany clients to all court hearings, to monitor proceedings, and to assess what kind of intervention is necessary to ensure due process. This may involve educating the client about his legal rights or working with the court to clarify pending charges and verify the client's current status. If need be, the caseworker puts pressure on the court to ensure that the client meets with his court-appointed attorney. If that is not possible, the caseworker arranges for legal counsel through other means. Caseworkers often make recommendations to the court. Recently, staff arranged for court-ordered (and funded) sexual identity counseling for a youth and worked with the court to secure a supportive foster home placement.

In preparing court-requested evaluations, we value client input. We ask:

What interventions have been attempted in the past with clients and their families, and how have they worked?

What strengths and healthy areas are present in this client and in his family's functioning?

What personality factors might enhance or limit these strengths?

We attempt to direct the focus of the court toward rulings that:

reflect an awareness of the client's needs

enhance client strengths and neutralize weaknesses

enlist positive influences on the client and family from within the community

avoid duplication of interventions which have been ineffective in the past

This intervention at the court level is advocacy for young people already involved in the juvenile justice system. We also are pursuing advocacy which prevents young people from becoming involved in the system. At present, many young people with alcohol problems are sent to the hospital or are detained in juvenile justice facilities. Our concern as advocates is to offer them adequate services to keep them from being labeled and handled by the court. Through participation in a task force, we have successfully argued for a redefinition of youth alcohol problems. Consequently, services for these young people are being changed.

As a member of a Task Force on Alcoholism, I am actively involved in: (1) identifying the needs of youth with alcohol problems; (2) having an impact on which services are delivered; and (3) influencing the location, cost, and hours of services for youth. Among other things, we have pushed for a peer-counseling program for youth who are released from chemical dependency treatment programs. These youth need support in their communities as they readjust. Now, there are no services available to them. If the community plans new youth services, I can argue in favor of such a peer-support program through the Task Force on Alcoholism.

Without this class advocacy, lack of services results in young people with mental health problems being funneled through the punitive court system. For example, if we lack programs for youth with chemical dependency, we are much more likely to see young people arrested for driving while intoxicated. They are prosecuted in court rather than having their fundamental problems addressed.

Where Do We Go From Here With Advocacy?

At the Whitman Center, we plan to expand our involvement in these community-wide decisionmaking groups to have an impact on policies and on the development of new youth services. Because youth feel comfortable talking and staying with us, we are one of the few agencies in the community able to learn and identify the needs of youth and the most effective ways to address them. We want to move into a consulting role to help other agencies meet those needs. If we are youth experts, we must demand the right and take seriously the obligation to be involved with these far-reaching decisions about youth services. We and the young people who use our services should be involved with every policymaking group affecting youth services in our community. The young people will continue to give us feedback about the services that they need and do not receive. They will evaluate services for accessibility and effectiveness. They will participate with us in planning services to keep young people from being labeled and hospitalized or involved in the juvenile justice system.

Thus far, the priority we give to advocacy has not caused conflicts within Whitman Center. Fortunately, we have allocated our resources in such a way that we can actively involve staff in advocacy without sacrificing quality direct service.

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V

Prevention

The day-to-day pressures of working with runaways in crisis often obscure the familial and social factors which force young people from their homes and alienate them from their schools and communities. As programs for runaways become more involved with the families of young people and the communities from which they come, they become aware of the sources of alienation and have begun to address them.

The first chapter in this section, by Loraine Hutchins of the National Network of Runaway and Youth Services, surveys the variety of preventive approaches developed by runaway programs. The second chapter, by Beatrice Paul of the 19th Ward Youth Project in Rochester, N.Y., describes in detail one program's effort with young people in an inner-city neighborhood.

Prevention Efforts and Runaway Centers: A National Accounting

Loraine Hutchins

Introduction

Runaway programs were developed by communities responding to the need, not met by the existing mental health service system, for accessible and acceptable crisis intervention services for youth and families. Over the last 10 years, runaway programs have expanded beyond crisis to prevention. Public speaking to community groups, followup phone calls, and counseling sessions with youth who had returned home were first ventures into prevention. From these beginnings, runaway programs formulated specialized strategies to educate and assist youth and families at risk as well as the community at large. Taking into account local, State, regional, and geographic conditions as well as staff interests and client needs, programs developed a variety of prevention approaches. A program might purchase a van for use as a mobile drug-counseling unit on the city streets, organize a rural single parents' support group, or push for representation on State policymaking boards affecting youth rights and juvenile justice issues.

Many of the 200 runaway programs around the country now provide specialized prevention services in addition to their crisis and shelter services. These prevention efforts are carried out in schools, in runaway shelters, on the streets, in group foster homes, and in entire communities. They involve children, youth, families, teachers, juvenile justice workers, and social service workers in a network of individuals and organizations fostering positive environments for youth development.

Defining Prevention

Medical science defines prevention as the process of learning to predict a certain negative event or effect, such as a disease, and then reducing the probability of its occurrence. Much traditional prevention programing in human services has been based on and limited by the assumption that one can block, reduce, or eliminate a particular behavior. Drug abuse prevention, juvenile delinquency prevention, runaway prevention, and now teenage pregnancy prevention tend to address specific symptoms in isolation. But none of these is an isolated symptom or indeed a disease. They are manifestations of more complex phenomena in which youth and their families are caught. Since the act of running away is often the first healthy attempt on the part of a youth to escape or seek help for a situation that involves adolescent abuse, parental alcoholism, and other family stresses, it may at times not be an act one wishes to prevent. The standard medical definition of prevention is further limited because it is always difficult to claim success on the basis of something that did not happen. It is possible to study and measure positive things that do happen, ways in which people improve their abilities to live happily and healthily.

Still, prevention is a useful way of viewing runaway programs. These programs emphasize their clients' strengths and refuse to label or otherwise stigmatize them. They work with individuals as parts of systems and communities. They do not accept a pathology-based approach which attacks (or seeks to prevent) individual symptoms in isolation from families and communities. Though the programs also provide secondary and tertiary prevention, they continually emphasize *primary and promotive prevention.*

According to the medical definition, primary efforts attempt to prevent a problem from developing. (Secondary prevention attempts to minimize the development of problems in populations at risk, while tertiary prevention attempts, after a crisis, to minimize recurrences.) A promotive approach attempts to foster environments conducive to personal power and choice and to empower people to use crises as opportunities for growth rather than as events to be avoided or suppressed. Primary and promotive prevention are attempts to create the conditions necessary for individual mental health. Such strategies encourage public awareness and participation and often require community-wide strategies of implementation. In remediation and in secondary and tertiary prevention, the client is the sole object of change. For primary prevention to occur, a variety of individuals and institutions may have to change.

Overview of Existing Prevention Services Developed by Runaway Programs

Prevention services meeting this positive or promotive definition fall under one or more of four basic types:

- prevention services that help individuals and families to tap their inherent strengths
- prevention services that help individuals and families use institutions to meet their needs

- prevention services that educate institutional workers to be responsive to the needs defined by the people they serve
- prevention services that help organize communities to monitor and take ownership of the institutions that affect their existence

Prevention services developed by runaway programs to meet the needs of youth and families at risk and in the community at large are primarily of the first two types. (Institutional and community-wide strategies take longer to develop.) Runaway programs have developed prevention services to meet six areas of youth and family needs:

1. counseling
2. training in life skills and self-help skills workshops
3. recreation and cultural arts
4. youth participation, including job programs
5. community outreach, organization, and networks
6. postcrisis prevention: aftercare, diversion, and alternative living situations

Prevention Counseling

Prevention counseling expands beyond the pathologic theories of traditional therapy to offer support that helps individuals value and maximize their own strengths before crises erupt. Such counseling is often done through hotlines, 24-hour phone counseling, and referral services. Hotlines enable youth to get help without running away. Open rap groups for runaways and nonrunaways are another form of prevention counseling. Youth often signal their need for understanding, approval, or help before finally running away. Drug or alcohol abuse is a common signal. Pathfinders, in Milwaukee, Wisc., offers drug and alcohol assessment procedures to youth dropping in or making phone contact. On a questionnaire, if youth indicate actual or potential substance abuse, counseling and referrals are offered.

Family counseling is integral to runaway prevention. Family counseling conducted by runaway programs is generally short-term and self-help oriented. In San Anselmo, Calif., the Marin Youth Advocates C.C. Riders Clinic receives most of its referrals from a van outreach program that tours area schools. Youth and families are encouraged to come in and gain assistance before a runaway episode or other stressful situation occurs. Individual, family, and specialized group counseling is offered, with teenagers taking the responsibility to draw up their own treatment plans and to decide on their own goals.

The Helpline/Detour program for runaways in suburban Los Angeles describes its family services as "advocacy counseling." They cite a case in which a family complained that their son was a chronic drug abuser. A traditional, individual, pathology-based approach would have focused only on the son's drug use. Through advocacy counseling, staff learned that the father was on the verge of bankruptcy and that the family was surviving on beans and potatoes. After the counselor helped the family obtain consumer credit, loans, and food stamps, he addressed the original complaint of the son's drug use. Helpline stresses that they never would have been able to work on the family's communication problems and the son's drug use without gaining family trust by acting as their advocate.

The Bridge Family Mediation Center, in Atlanta, Ga., substitutes the word "mediation" for counseling because they believe that most families need problem-solving and self-help skills rather than therapy or treatment. Because they also believe that a family center should be separate from a runaway shelter, they contract for outside housing services. Most families do not continue on a long-term basis; thus, the family mediation goal is to avoid dependence on staff and to tailor sessions to immediate self-help solutions.

Daymark, in Charleston, W. Va., developed another kind of prevention counseling —a buddy program patterned after the Big Sister/Big Brother model. Low-income, single-parent youth are matched with older "buddies." They spend at least 3 hours a week in some activity that the youth would not normally have the opportunity to enjoy. Staff assist by soliciting free tickets to movies and sports events.

Prevention Training and Life Skills and Self-help Skills

In addition to these specialized prevention counseling techniques youth can be trained to adapt prevention concepts to their own problems. Prevention training gives family service workers skills in helping youth and parents resolve problems before they become crises. Workshops for youth and parents offer skill development to maximize their abilities to cope with difficult life situations.

In terms of staff and budget, the Bridge Family Mediation Center has the most highly developed prevention training program. Every 6 months, a Family Mediation Training Calendar, advertising training sessions, is sent to a variety of people. The goal is to train as many professionals who work with families as possible—social service workers, mental health workers, juvenile justice workers, community organizers, clergy, and teachers. Training sessions include orientation to family systems theory, communication skills, sexual dynamics, delinquency and family dynamics, single-parent issues, and the application of their four-step family mediation model.

Parent effectiveness workshops, patterned after the popular book, *Parent Effectiveness Training*, build communication skills and assist parents in improving their self-concept. Helpline Center, in Lansdale, Pa., has worked successfully with parents of elementary, junior, and senior high school youth. Each series of eight weekly sessions uses lectures, discussions, and structured experiences as training techniques. Two California programs, Diogenes in Davis and the Sacramento Crisis Center, supplemented parent effectiveness courses with inservice training for public school teachers. Country Roads in Vermont runs a special parent training group for pregnant teenagers in conjunction with their county's Children's Services Division.

Runaway programs have developed a number of specialized life-skills training programs. These are more structured and information oriented than the counseling approaches used. They range from complete alternative schools to workshops developed to supplement public school curricula or to be used by community organizations working with youth. The Voyage Community School, in Philadelphia, is licensed by the State to serve students who failed in traditional schools. Emphasizing academic skills and personal growth, Voyage Community School's educational plan allows each student to advance at his own pace.

C.C. Riders, the school outreach program associated with Marin Youth Advocates in Marin County, Calif., uses a mobile counseling van to reach students on school campuses. The van counselors are invited regularly to lead classroom discussions and to show films on drug abuse and coping skills.

Headrest is a Youth Service Bureau in Modesto, Calif., which started as a drug hotline and then added a school-based drug-counseling program. Four school ombudsmen work 4 days a week in the Modesto school system; at night, they serve as counselors at the Headrest runaway shelter. The ombudsmen have offices in the schools and make classroom presentations on drug use and abuse. Two Headrest elementary school counselors also offer family and group counseling and provide developmental information to the schools.

The Center for Youth Services, in Rochester, N. Y., offers two workshop series, reaching thousands of young people, to church, community, and youth groups. A Life Skills series offers sessions in transactional analysis, assertiveness training, problems of young couples, sexuality information, running away, and drug information. A 20-week Career Counseling course starts with general self-awareness skills and moves to job finding, resume writing, and interviewing.

Recreation and Cultural Arts

Recreational and cultural activities are therapeutically important program components which can divert youth from self-destructive behavior. College interns in art, dance, and theater often volunteer at runaway programs; they use youths' artistic expressions as adjuncts to casework. The South Bend Youth Service Bureau, in South Bend, Ind., operated a therapeutic recreation program using a "new games" approach. Emphasizing cooperation rather than competition, new games can help to build confidence and character in youth who have trouble functioning in groups and are unsuccessful in school.

Equinox runaway program, in Albany, N. Y., developed a Community Arts Workshop where youth can develop their creative abilities and vocational skills. The Workshop offers commercial art courses at low fees, and craft courses at night and on weekends. They also operate a shop for the display and sale of products. The SAJA Runaway House, in Washington, D.C., organized creative writing classes for runaway and group foster home youth. While creating poetry and prose about their interests, youth develop writing and communication skills.

Youth Participation and Jobs Programs

Youth participation can be used as a preventive technique, reversing the generally passive role of young people in our society. Active youth involvement in the program planning and service delivery of community organizations promotes self-respect and self-confidence. Similarly, youth-operated businesses and employment programs offer youth a positive alternative to self-destructive activities. In fact at least two runaway centers, Youth Emergency Service, in St. Louis, Mo., and Aunt Martha's Youth Service Center, in Park Forest, Ill., were founded by concerned high school youth who enlisted the help of supportive adults.

The most common forms of youth participation are peer-counseling programs and youth advisory boards. The Link, in Gaithersburg, Md., provides orientation and training for youth advisors. Some youth become members of the Youth Advisory Council through which they evaluate the program. Others participate in regional youth caucuses, program staff meetings, or crisis family meetings. Youth advisors develop outreach and public relations skills by creating skits, speeches, posters, brochures, or articles for school newspapers on issues important to youth. The Link also has a peer-counseling program where youth are trained to listen effectively and to use available community resources to help other young people.

Youth-run businesses are an excellent way to stimulate youth participation. In Montpelier, Vt., a plant/craft store and a silkscreen/T-shirt store were started by youth with the help of the Washington County Youth Service Bureau. The youth are paid minimum wage and learn all aspects of running a business: accounting, budgeting, crafting the products, retailing, and inventorying. Supervision and some subsidy are provided by the Youth Service Bureau.

Headrest Youth Service Bureau, in Modesto, Calif., has developed two job programs for youth. In the Goals Assistance Program, youth work 26-30 hours per week in nonprofit agencies and attend an alternative school 4 hours per week. Salaries are paid by Headrest through a CETA grant. The Youth Employment Service places youth in public sector jobs. Youth receive supervision and counseling and are paid by the organizations that hire them. The Center for Youth Services, in Rochester, N. Y., offers 15-hour trial apprenticeships with their career development workshop series.

Postcrisis Prevention

> In this context the Division for Youth is not acting within a preventive framework. Informal responses from DFY youth service team workers such as, "First have the kid steal a bike from Sears then we'll talk about group homes," clearly reflects the level upon which the division is currently operating. . . . the cycle of the broken family is seen when a pretrial service worker screens a 16-year-old in the county jail as inappropriate for release merely because s/he has no place to reside on the outside. . . . . Providing housing can be preventive in nature, and should be considered when allocating prevention funds."
>
> (Testimony of Walt Szymanski,
> Joint N.Y. State Committee on
> Child Care and Social Services
> October 21, 1977)

Programs find that it is not enough simply to provide short-term preventive services. Aftercare, diversion, and alternative living situations are common forms of postcrisis prevention. Aftercare is the followup contact, counseling, and referrals conducted with youth and families after the crisis has passed or after the youth has received drop-in counseling at a runaway center. Many centers use groups to provide ongoing support to youth and families. These groups offer skills in dealing with anger and assertiveness; they help parents and youth to understand each other and to find ways to improve communication with other family members.

Diversion programs enable youth who have been caught up in the juvenile justice system to receive instead assistance from community residential centers. In this way, youth are diverted from a court process which would not, in most instances, prevent future crises from developing, to runaway programs which have proven effective in keeping them free of crime and institutions for criminals.

After several years of dealing with youth who had no intact family or home to which they could return, many runaway centers developed group foster homes or foster placement services. The oldest of these have been operating for 7 years. Homes are usually small in size, housing no more than six to eight youth with two to three house counselors. Group homes stress responsibility, personal growth, and group cooperation. They are prevention models, helping youth who would otherwise be institutionalized to develop skills to live responsible, independent lives by the time they are 18. Many homes teach independent living skills—budgeting, household chores, negotiating with realtors and creditors, getting a job, finding medical care. The SAJA Group Home Program, which operated until recently in the Washington, D.C., metropolitan area, developed a Moving Out component supported by public funds. This program provided a continuing support system for youth during their first 3 months of independent living including weekly support groups and monetary assistance. The Group Live-In Experience (GLIE) program in the Bronx, N. Y., operates a comprehensive group home network that includes three regular group homes, two group homes for handicapped youth, and a crash pad for "nomadic youth" which serves as a runaway shelter. GLIE also operates Last Stop, an apartment living program for older teens. Four to six youth, age 16-17, live in each of three apartments rented by GLIE. Three counselors living in the building supervise the group apartments and aid in maintaining the residence. The youth who live in these apartments must have passing grades and part-time jobs and be working toward independent living.

Community Outreach, Organizing and Networking

> Prevention comes in all shapes and sizes, the most useful being prevention which totally eliminates the problem. To discuss this is to tackle the structure of our society—the need for family planning, for education on family life, for premarital adjustment workshops and, more broadly, for developing support networks that create a sense of community.
>
> (Diane Halle Heck,
> Youth Shelter of Galveston)

Like most runaway programs, Pathfinders, in Milwaukee, engages in public speaking to inform community groups and social service agencies of youth issues and available services. Brochures, posters, and public service announcements on radio and television also educate the community on how to get help before or during a crisis. Other forms of community outreach include afterschool drop-in centers (e.g., Covenant House in New York City) and youth coffeehouses (e.g., Washington County Youth Service Bureau in Vermont). Counseling staff of mobile counseling vans which hold rap groups in areas where young people hang out are also forms of community outreach.

Community organizing efforts must involve whole communities in strategies to assist youth and families. Especially in rural areas, it is important to involve recognized community leaders. In Helena, Mont., Attention, Inc. stresses that youth and families often seek assistance from teachers, doctors, ministers, and friends and that these community people need training to become better helpers. In downtown Philadelphia, Voyage House has developed a neighborhood satellite center program associated with its runaway shelter. Satellite centers are staffed by college interns and youth organizers trained to identify key neighborhood leaders and to work with them and neighborhood youth in recreation programs and other projects.

Community coalitions and networks can pool resources and services for comprehensive impact on community-wide problems and maximum effectiveness in public education and advocacy. Daymark, in Charleston, W. Va., has compiled a social services resource manual for the county and has organized a youth advocacy council which includes women's clubs and other concerned community groups. Nationally, networking is effectively done by the National Network of Runaway and Youth Services and the National Youth Alternatives Project. Both groups provide information to local groups, encourage innovative programs, help insure continued funding, and strengthen the quality of advocacy.

Conclusion

Runaway programs have effectively demonstrated their ability to work with many youth who have fallen through the cracks of traditional service systems. Many runaway programs have expanded to assist youth and families with various problems. Increasingly, these programs have come to view their services as preventive.

Promotive prevention is apparent in runaway programs around the country. Prevention counseling helps youth and families build on their own capacities before crises occur. Prevention training and skills workshops give youth workers and families greater coping skills. Recreation and cultural arts promote positive self-expression. Youth participation in runaway program administration, in other community services, in youth-operated businesses, and other employment programs offer young people positive alternatives to alienation and delinquency. Organizing community-wide strategies increases the potential impact of prevention approaches, and postcrisis prevention supports positive adjustment so that further problems are not disruptive.

There is a pressing need for a nationwide, comprehensive youth development program which includes funds for prevention and networking. Prevention components of runaway programs remain small, are dependent on their parent programs for staff and fiscal support, and are increasingly being cut from State and Federal budgets. There is a need for a larger promotive mandate and funds. Government can foster this by:

- separating budgets and staffs for primary prevention and community education programs
- funding long-term community housing programs for homeless youth that cost much less than institutions
- strengthening the client-involvement, self-help model
- encouraging training programs to teach parent effectiveness, family mediation, peer counseling, and community-wide organization/education skills
- sponsoring programs geared to the special geographic and cultural needs of communities

Preventive approaches require promoting personal and social development; this implies a high level of community involvement. People need encouragement to act as responsible and creative citizens rather than as passive clients or receivers of services. This above all is what is needed to make promotive prevention approaches a reality.

Prevention: One Community's Approach

Beatrice B. Paul

The 19th Ward Youth Project in upstate New York is an innovative community-based program providing direct counseling, referral, and crisis intervention to inner-city youth and their families. Although it is not a runaway program, a substantial number of youth with whom it works fit the all too familiar description of runaways. Many are struggling with home environments filled with conflict, neglect, alcoholism, unreal (youth and parent) expectations, and poor communication. Some are on the way out of their homes; others hope to avoid conflict by staying away from home as much as possible.

In 1979, after 2 years of talks, we became a part of Convalescent Hospital for Children. The Convalescent Hospital for Children is a highly respected traditional mental health facility for children and adolescents in Rochester, N. Y. Its services to children and youth include:

- residential treatment
- day treatment
- outpatient child-guidance clinics
- consultation services in a variety of community agencies

The Youth Project is presently operating as one of Convalescent Hospital's four child-guidance clinics. The rationale behind the merger was twofold. First, the Youth Project saw the need to provide additional services. Second, as a nonfee program operating on decreasing grants from our two major funding sources, the Youth Project could not have continued to exist independently for more than another year.

This merger of a free, community-based demonstration project with a more traditional fee-for-service mental health agency has brought many benefits to our community. As one agency, the two programs provide stronger services than either could provide alone. The Youth Project has maintained its identity and informal intracommunity referral system. The schools are aware that, in addition to the high-risk children previously accepted, the project now can accept children who need more intensive help; any service offered by Convalescent Hospital can now be received through the Youth Project.

In the past 2 years, the Youth Project has served approximately 1,354 children and youth in activity groups, individual counseling, and special group activities. About 98 percent of our referrals are black youth. The majority of our referrals come from the nine schools we serve. For example, of the 304 children and youth who used our services between September 1976 and August 1977, 262 were referred by area schools. The remainder were referred by the Probation Department, the Police Youth Program, and other human service agencies. An additional 200 youth were involved in the summer drop-in program, media workshop, or other short-term special projects. All youth are evaluated at the end of the short-term projects to determine the need for continued involvement. Treatment plans for every case are updated every 3 months.

The Youth Project has always been a preventive program. It began with primary prevention through neighborhood schools. Later, it developed secondary prevention by offering services to youth referred because of family and school problems. Without the understanding and support that young people with serious family problems receive from their workers and groups at the Youth Project, many would eventually join the growing ranks of runaways.

Developing the Program

The population of the large area served by the Youth Project is about evenly divided between blacks and whites. The area is transitional. There are many problems which show its instability: A high juvenile crime rate; increasing numbers of school dropouts; high youth unemployment; increasing family problems and running away; serious racial tension; increased use of alcohol and drugs by youth. The area has few community-oriented social services and fewer still which are accessible to black youth and their families.

The Youth Project began in 1968 as a volunteer program of the 19th Ward Community Association. It was an attempt by the Association to address the needs of area youth. From 1968 to 1970, the program received small grants from various local foundations, church groups, and other organizations. It offered craft and pied-piper programs, hosted dances, instituted and trained youth for a babysitting registry, and did intensive streetwork with adolescents.

In 1970-1971, the Association received funds from the State Department of Criminal Justice for a diversion program. This allowed the Youth Project to hire a full-time director and staff and to rent an old house as a base of operations. The Youth Project continued to work closely with the community through representatives on the Community Association's governing council.

The new staff of the Youth Project shared the volunteers' view of the goal of the program: primary prevention which "lowers the rate of new cases of mental disorder in a population by counteracting harmful circumstances before they have a chance to produce illness" (Caplan 1964). From the beginning, the Youth Project attempted to prevent family and school problems from deteriorating into running away from home, dropping out of school, delinquency, or serious emotional problems. The staff's efforts at primary prevention took the form of a storefront drop-in center to meet adolescent recreation and socialization needs and workshops and consultation with area school teachers. Not surprisingly, neighborhood acceptance was excellent: The program had grown out of the community and continues to have strong community input.

We of the staff began to realize that, to respond to a variety of mental health problems (self-image, interpersonal relationships, school expectations and roles, family expectations and roles, adolescent stress, etc.), we needed to aim our prevention efforts at the widest spectrum of community residents. Within a year, we had incorporated other primary prevention projects: a film about high school dropouts, comic book pamphlets about summer recreation programs, the School Community Communications Project funded by Ford Foundation, and the Community Library Intervention Project funded by Community Development.

In 1972, the Community Association received funds from the National Institute of Mental Health (NIMH) to support the demonstration of the new models for providing preventive services that we were developing. This was the first such grant ever awarded to a community association. Although we continued our school and recreation efforts to prevent problems before they emerged, we also embarked on a program of secondary prevention by encouraging "early detection of a population that appears to show signs of predisposition to mental illness" (Caplan 1964). These efforts developed into a referral and treatment program for students identified by teachers as needing special emotional or social growth experiences.

The major thrust of the Youth Project continues to be the involvement of youth workers in public elementary and secondary schools. Through an agreement with the Pupil Personnel Services Office of the city school district, the Youth Project has placed one youth worker in each of six public elementary schools. Five of these youth workers are assigned to groups of approximately 130 students and an interdisciplinary staff of five teachers at a junior high school. Two youth workers have been assigned to a senior high school and a junior-senior high school. Youth workers function as liaisons between the Youth Project and the school, receive referrals for groups and individual counseling from school mental health personnel, and work closely with school administrators and teachers to develop effective means of relating to problem youth. Young people experiencing normal life crises, but not necessarily having diagnosable problems, receive help from youth workers *before* they are labeled. With this early casefinding approach, the Youth Project is able to refer those needing more intensive help to other agencies.

The school notifies parents of referrals by teachers to the project. The youth worker then makes a home visit, explains the program and how it could benefit the child, inquires about any concerns the parents might have, and obtains written permission to discuss the child's progress with school personnel.

"The House," as the Youth Project's base of operations is known, is conveniently located directly across the street from a junior high school, allowing students to participate in activities during the school day by coming to the House in their free class periods. It also allows youth workers to respond quickly to school personnel's request for intervention. In some schools, children are released for inschool groups. The House serves as a drop-in center for neighborhood youth and has some of the same qualities as runaway programs.

We work with most youth in groups which focus on the development of appropriate interactions. In the emotionally safe setting of a group, youth are able to express feelings openly, without fear of reprisal. Students participating in our groups are described by both teachers and parents as having positive changes in attitude and self-image, shown in improved academic performance and better relationships with peers and adults. Teachers and parents also notice that group members are better able to express anger, frustration, or dissatisfaction appropriately. In these groups, young people are free to be themselves, to explore new feelings and ways of interacting, and to learn to be responsible for the consequences of their behavior.

We have been commended for keeping adolescents involved in the groups. A good part of our success is the skills of our workers in using such tools as video, film-making, and music, which are popular with adolescents. Our facility is informal and nonclinical in appearance. Because of its location, youth can participate in our groups and still be free to be involved in after-school activities.

The Youth Project operates various specialty groups. We were asked by the principal of one of our high schools to provide human-sexuality counseling. He was concerned about the high rate of teenage pregnancy and the fact that the area around his school had been targeted as a place to recruit young prostitutes. We now operate four sexuality-counseling groups. Although most girls are referred by their schools, we are getting requests to join from girls who have heard about the groups from participants. Because group members make a contract of confidentiality, the girls feel safe enough to share their personal feelings, problems, and fears. Often in this process, problems other than sexuality are discovered, and participants are given the opportunity to work on these issues. A 14-year-old mother in the program described how she felt the group had helped her. "I now know that my body is precious. It belongs to me and I don't have to allow it to be used by anyone just to feel like I'm loved. I'm sure going to teach my daughter what I learned too late. Well, not too late, 'cause then I wouldn't have her, but she's going to know early."

Another of our speciality groups works in filmmaking. Adolescent boys and girls write their own scripts, make their own props, and design their own special effects. In their discussions of the films, they talk of themselves, their problems, fears, and aspirations. One particular group had several students who had been involved with the juvenile justice system. They were frequently truant, sometimes ran away from home, and were described as slow learners. These students demonstrated higher than average ability as they planned films, wrote scripts, and figured out the technical details of filmmaking. They also showed up every week, whether truant from school or absent from home. When the leader explained the position their truancy was putting him in when they skipped school but attended group, most began attending school regularly. When the film had to be stopped in midproduction because funding expired, one girl reappeared in the juvenile justice system, and one boy dropped out of the group and school. One of the group members who continued to participate after the film was abandoned described the group: "We knew that a lot of the things Terry (group leader) talked about and encouraged us to talk about were the same things you'd get from a shrink but it was O.K. 'cause we was doing things we liked. Terry was no shrink; he was our friend. When we made those films, he was one of us. Man, nobody could have made me go to no shrink to get help with the things that was making me act so bad sometimes. The group did help and it wasn't the films that gave me the help but the films made me come. I wish they was still making films. I don't need that kind of help no more but a lot of kids do."

A Systems Approach

In 1975, working under grants from the Ford Foundation and Community Development, the Youth Project expanded its activities. Because the quality of the social environment influences mental health, we broadened our focus from individual youth to work with the community. Having developed workable models for delivering preventive mental health services to youth individually and in small groups and having become a major supplier of such services in our area, we began with a systems approach to develop models for influencing major portions of our clients' social environment. This view of mental illness prevention, the creation of a positive environment for growth as well as intervention in individual cases, is both an expansion of the project's outreach capabilities and a return to the original focus on primary prevention.

Although our neighborhood junior and senior high schools provide an excellent education, they have a negative image within the community. One of the most obvious results of this negative image is a racial balance in the secondary schools which does not reflect the racial pattern in the elementary and intermediate feeder schools. Many white parents and white students (and some black parents and students) have learned to manipulate the school system so that the students do not have to attend the local junior and senior high schools. The myths and attitudes that maintain this condition, as well as the racial imbalance itself, are harmful to the students and to the community. Racial imbalance in the schools reinforces fears and stereotypes which might otherwise be broken down and lessens the possibility of maintaining a racially integrated community. There are feelings of superiority and inferiority, mistrust, and antagonism between those children who attend school in the neighborhood and those bused out. Feelings of guilt have been expressed by some parents who chose our community because of its interracial makeup but then gave into fears, myths, and rumors as the junior high years approached.

The school project has had positive results. Some of our efforts have become Board of Education policy and are now routine practices of the Open Enrollment Office. For example, special school open houses are held to give prospective parents a chance to meet school personnel and parents of children in the school and to get an overview of the program. While we have not seen immediate changes in the racial composition of the schools, there is more interest in the schools and greater community involvement by volunteers and resource people. A revitalized Community Association Schools Committee is working with the school district and a large coalition of community residents and agency representatives to help plan major changes in the high school. This approach has modified the social environment. There is much less antagonism between children bused out and those attending school in the community. Racial tension has lessened.

Our direct services to youth and families and our community change strategies have been effective. Clients, schools, and the larger community define the Youth Project as a helping agency that delivers creative, nonthreatening, nonstigmatizing mental health services with a minimum amount of redtape and a maximum amount of visibility and accountability.

The Merger After 2 Years: Advantages and Disadvantages

Our community had been resistant to the labels and concepts of mental health; they accepted and respected the concrete services we provided. In time, our clients and their families came to understand that we were indeed providing "preventive" mental health services and that these services were not threatening. We are not psychiatrists or psychologists or social workers; we are youth workers. Having their children involved in our program does not mean that the children are "crazy." It does not mean that parents are failures for having "crazy kids." Youth workers and other Youth Project staff are visible in the community and often known to residents on a first-name basis. Our ability to provide this kind of quality, nonthreatening mental health care continued after we merged with the Convalescent Hospital for Children.

The merger also had disadvantages. Our informal intake procedure, developed to protect families from bureaucracy and ourselves and the schools from liability, has undergone many changes. Informal meetings with parents were helped by the absence of notetaking and forms. Convalescent Hospital's formal intake procedures, required for data collection on the entire population served and for financial records, have violated the comfortable, informal intake. Prior to the merger our primary recordkeeping device was a referral sheet, stating the child's name, presenting problem, school, date of birth, plan of action, etc. Attendance was noted, and brief weekly progress notes by youth workers were made. Problem cases were discussed as needed. Now the amount of paper work and the weekly conferences have decreased the time available for direct service and collateral contacts. While there is often value in these procedures, it is frustrating to record the same information in so many different forms.

The staff have had difficulties adjusting to the more rigid structure. The informal atmosphere that appeals so much to our clients is viewed by many professionals as unprofessional. As a small agency prior to the merger, decisions and policymaking occurred in my office. Now, as part of a much larger agency, we must wait longer for matters to be resolved through the system.

Nevertheless, the merger has made the Youth Project financially viable. Youth and families in need of service have an accessible program that is accepted by the community. Youth on the verge of leaving home or school and families having difficulty communicating with each other or facing more serious problems have a place to turn. Involving youth in a community program gives them ties which help reduce tension and running away. The Youth Project continues to offer primary and secondary prevention services, solving problems by changing the community as well as by helping youth and families predisposed to emotional and social difficulties.

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VI

Training

The first runaway program counselors received their training on the job in their day-to-day contact with young people whom they were trying to help and, on occasion, from volunteer professionals. As runaway programs have become more sophisticated and their staff more sensitive to the complexities presented by young people, they have created training programs to remedy their shortcomings as counselors and administrators. Beyer's chapter outlines some of the ways that runaway programs are providing training and incorporating mental health professionals, while Gutkowski's and Lawrence's chapter on their work at Voyage House in Philadelphia shows how a bold and innovative approach to training transforms both the trainers and their program.

Mental Health-Related Training in Runaway Programs: A National Perspective

Marty Beyer, Ph.D.

Thousands of youth workers across the country serve young people in community-based programs. Youthful and unconventional themselves, staff in community-based programs have, over the last decade, been able to reach youth unserved by traditional agencies. Their style of serving young people has been informal and nonthreatening. Because of special trusting relationships, youth workers have provided needed supportive counseling to help young people through crises and into productive adulthood.

Although the ability to reach alienated youth through informal counseling continues to be highly valued, training—particularly in mental health theory and skills—is becoming increasingly important to youth-serving staff. The serious problems facing many of their clients seem to require skills that many youth workers have not gained through formal training or experience.

Runaway programs in recent years have begun to provide more extensive training opportunities for their staff, and youth workers have improved their skills through conference workshops and enrolling in colleges and universities. Although it is impossible to ascertain the frequency of participation in inservice or outside training or the effectiveness of either approach in improving youth workers' skills, it appears that training is being actively pursued in youth-serving programs across the country.

Inservice Training for Staff

Runaway programs allocate 1 to 8 hours each week to staff meetings, some of which have clinical supervision and/or training functions. Generally, these meetings provide opportunities to discuss active cases. Through such discussions, the ability of staff to respond effectively to their clients' needs is improved. The director, clinical supervisor, and consultant provide training by helping less experienced staff learn from case discussions. Although typically informal, without professional jargon or discussions of medication, these case conferences are similar to those in traditional mental health agencies.

Some programs use more formal case-management techniques. For example, Spectrum in Vermont employs a traditional case-planning method called SOAP: a Plan using Subjective, Objective, and Analytic information. At weekly "SOAPers" meetings, staff review the youths' desired goals, timelines for achieving goals, roles of staff, youth, and others, responsibilities of staff, youth, and others, and linkages for making referrals for aftercare services. The SOAP plans for each young person are used to assess his stay in the residence on a regular basis and to plan carefully for the future.

A strength of most runaway programs is the training offered in individual, group, and family counseling. Often these inservice training sessions involve mental health professionals teaching counseling skills. Youth workers can develop techniques for providing high-quality counseling in the context of their individual styles and the goals of the program. They are not "professionalized," but their effectiveness is enhanced by professional supervision and training.

Still, high staff turnover limits the effectiveness of inservice training. Staff who leave after a year (which is not atypical) have often just become capable of handling the diverse responsibilities of their jobs. Alternative service directors frequently complain that their program invested considerable effort in inservice training, only to have staff leave: Inservice training must be offered over and over to new staff. As one director noted, "Without staff stability, it is difficult to feel that we are moving ahead in our capacity to work with youth and families."

Special Training for Volunteers, Interns, Peer Counselors, and Foster Families

Some of the most creative training offered by alternative services is designed to teach volunteers to work effectively with clients. Sometimes these are crash courses; in other programs, sessions are held weekly for 3-20 weeks before volunteer staff are permitted to accept cases. Sessions are planned by the director, clinical supervisor, or other staff, often using few outside resources. Training topics include: Listening techniques, values clarification, helping clients clarify their feelings and ideals, telephone counseling, crisis management, maintaining appropriate closeness/distance from client, and group counseling techniques. Though supervision of volunteer staff requires considerable time and energy, most programs agree that the assistance offered by trained volunteers is worth the supervision they require.

Outside Training Opportunities

Programs have a variety of mental health-oriented training resources. The CETA program offers its workers funds to take advantage of training. Community mental health centers and other agencies sometimes open their training programs to private agency staff. Local colleges and universities offer courses in counseling and related topics in which staff may enroll. The Youth Development Bureau (YDB, DHEW) and LEAA (Justice) have funded technical assistance contracts to provide regional and local training opportunities for the staff of their grantees.

There are, however, limitations on these opportunities. Often they are too costly or distant for staff. They may require previous training not possessed by staff, or they may not be sufficiently intense or ongoing to meet staff's real needs. Long-term training may take the staff person away from the program too often.

The Professionalization of Runaway Program Staff

Many runaway programs value past youth work experience more than academic credentials. Staff attitude toward clients—being warm, caring individuals—is often considered the most important qualification. For example, of the 73 YDB-funded runaway programs responding to a questionnaire which asked them to rank the skills of aftercare staff, 55 percent of the programs reported that caring, loving qualities were very important; 39 percent indicated that it was not important for staff to be professionals with masters degrees or above. Although more than 60 percent of the programs said it was of little importance that staff have personal experience parallel to that of the runaways, 35 percent thought it was very important. It was generally held that youthful staff, without advanced academic degrees, were more likely than credentialed professionals to possess these personal characteristics. Additionally, many programs felt that creation of an informal atmosphere in an alternative service program would be hindered by professional staff. Finally, many runaway programs wished to avoid differentials among staff salaries. Programs tended to hire equally paid counselors or youth workers rather than more highly paid family counselors or other specalized staff.

Low salaries offered by most alternative youth programs are an additional obstacle to hiring traditionally credentialed staff. In contrast to high hourly rates and frequent overtime earnings in most public agencies, private programs pay barely over the minimum wage for long hours, without compensatory or overtime pay. The professionally credentialed staff who came to runaway programs in the early years did so because of their keen interest in alternative service, and they were willing to accept low salaries to work with people whose values they shared.

More recently, however, national educational and employment trends have begun to influence the hiring patterns of runaway programs and to bring more highly trained and credentialed professionals into them. An increasing proportion of the population is receiving college degrees and advanced training. Numerous professionals (particularly teachers and social workers) are unemployed and willing to work for alternative programs, despite low salaries. With the job market full of unemployed human service workers with advanced degrees, noncredentialed youth workers are competing with credentialed professionals. More and more runaway programs have staff with bachelor's degrees, masters, or even Ph.Ds in counseling and related subjects. At the National Youth Work Alliance's (NYWA) second National Youth Worker's Conference, for example, 25 percent of the participants polled had a college degree, 19 percent had done some initial graduate work, 29 percent had completed a master's degree, and 10 percent had gone beyond a master's degree.

The full impact of staff with traditional professional degrees on alternative services is as yet unclear. Perhaps it will create a more effective blend of humane and skillful service delivery in which more traditionally trained workers are able to share their skills with those without formal training. Still, at present, significant obstacles face youth workers who want additional formal training and the skills, credentials and prestige it brings. Among them are the following:

- *Information*
  Many youth workers do not know about training opportunities. Aware that degree programs in community-based youth work are practically nonexistent, they assume that traditional educational facilities do not have courses to meet their needs.

- *Money*
  Most youth workers cannot afford the fees charged by universities or specialized training programs.

- *Credentials*
  Although they may want the prestige of advanced degrees, many youth workers are alienated from the style and format of degree-granting programs.

- *Professional identity*
  Youth workers are not a readily identifiable group. There are few local associations cutting across agencies which bring youth

workers together to discuss common concerns and to improve their skills.

- *Career ladders*
  Many community-based youth service staff do not see youth work as a viable career, basically because of the unpredictability of funding and its lack of recognition as an occupation of professional stature.
- *Training funds*
  Many runaway programs do not have adequate resources (or free staff time) to provide the complete training they would like to offer to staff.

Fundamental Issues in Training Youth Workers

Aside from the cost and availability of training applicable to serving young people, there are special challenges presented by developing youth work into a career.

Professionalizing

If alternative youth services are to continue to provide nonthreatening, flexible care, they cannot afford to be dominated by traditionally trained professionals. Although they may need some of the clinical and management skills offered by traditional training programs, the jargon, style, and inflexibility associated with many professionals are not desired in runaway programs. Programs have approached this problem in two ways: (1) involving a few professionals as clinicians or consultants to profit from their expertise without being substantially changed by their involvement; and (2) seeking unconventional professionals who have maintained an alternative perspective during their training. How the changed political climate since the birth of the alternative service movement will affect these solutions is unknown.

Burnout

Service provision can be exhausting, and, like other agencies, many runaway programs have not built in effective techniques for reducing stress for their staff. Youth workers may be no better at self-nurturing than other service providers. In general, training directed at clinical skill building does not focus on combating burnout. How can runaway programs enable staff to function at a high level for longer than 8-12 months? How can runaway programs prevent staff from becoming less caring as a natural reaction to excessive demands from clients? Runaway programs must take special steps to enable their staff to tolerate the intensity and stress of working with disturbed and untrusting youth and families without suffering burnout.

Limit setting

Working with adolescents requires disciplined staff who can be caring, available, and nonjudgmental, while also setting reasonable limits. This combination requires staff who are well-integrated individuals who can work together to support each other. Skilled limit setting also requires an understanding of the conflicting needs of adolescents for loving attention and independence: The youth worker who permits excessive dependency by clients to gratify the needs of the worker and/or client damages the development of the young person. Although supervision in clinical training programs may help the worker, too often these issues are unresolved when the youth worker is employed by the runaway program. Considerable staff development time is spent working on limit-setting and dependency concerns, at the expense of both workers and clients.

Service as a Way of Life

Directors of runaway programs around the country summarize their staff selection difficulties as their frustrating search for individuals who are unusually committed, who are "looking for a job for more reasons than the money it brings in." Often they turn away credentialed staff who appear to lack this commitment. There is a hope among directors that training will be one way of helping committed youth workers to gain the skills and perspective they need and of helping those who have skills to develop the commitment that runaway programs require.

Training: How Voyage House Does It

Ronald Gutkowski, Ph.D.
and
Herbert F. Lawrence

The training model developed by Voyage House during the past 2 years began with our unexpectedly successful training of young community organizers. The lessons we learned from that experience have been incorporated into the training we now offer to full-time staff, volunteers, and young people.

Voyage House opened in 1971 as a storefront drop-in center for runaway and homeless youth who used Philadelphia's Rittenhouse Square as a congregating place. Auxiliary services, such as tutoring and streetwork, grew out of the original Counseling Center. By 1978, Voyage House consisted of five separate projects; a State-licensed alternative high school; two group foster homes operated under contract with the Philadelphia Department of Public Welfare; a life-skills education program; and a considerably expanded Counseling Center program with crisis intervention, emergency shelter, counseling, and social services. Each year Voyage House provides services to more than 300 youth and families at the Counseling Center, more than 100 in the educational programs and group homes, and many more through the hotline and neighborhood outreach.

The range of services provided through the five Voyage House projects include:

- individual, family, and group counseling
- emergency and long-term residential care
- telephone and in-person crisis intervention
- referral to legal, medical, and other services
- secondary education and remedial tutoring
- training in personal health care, money management, job skills, nutrition, social skills, etc.
- vocational counseling

These services are provided to youth and families who self-refer and to clients who are sent to us by the city's Department of Welfare, the public schools, and a variety of private social service agencies. More than 80 percent of Voyage's Counseling Center clients live in Philadelphia; they have a high incidence of serious family dysfunction, alcoholism, abuse/neglect (and their related physical and psychological problems), rape, and incest.

Voyage House began as a volunteer-controlled organization. Although it received widespread support from the judges in Philadelphia's Family Court and generous private funding, the program encountered fierce opposition from the city administration, police, and probation departments; consequently, it was impossible to secure local and State funding. Federal funds alleviated the problem somewhat, but, to keep its budget small, the Counseling Center remained dependent on volunteers for the first 7 years of its existence. Volunteers continue to have full staff status and an influential position in policymaking. We do not see volunteers' participation as a favor that we are doing for them or that they are doing for us. Volunteers who have the ability to act as full-fledged staff have no special considerations, with the exception of scheduling their work hours. We get a high standard of performance from volunteers because we expect nothing less.

A commitment to full youth participation is also a tradition at the Counseling Center. Streetworkers, recruited mainly from the ranks of exclients, have been a part of the program from its inception. Young people themselves provide counseling, as both paid and volunteer staff. Youth who work at Voyage House have the same decisionmaking status as adults.

The Crucial Summer

While preparing for the 1977 summer outreach program—in which 10 untrained young people were to be hired as interns—the Counseling Center staff found themselves overextended by an excessive demand for services. We reluctantly decided to go ahead with the summer program but established a set of requirements: The program would have to be run with the least possible allocation of our resources, and it would have to have lasting value to the youth and the agency. The combination of time constraints, the intensity of training (one staff member described it as a "boot camp for social workers"), and the need to reduce supervisory investment prompted us to try a radically different training model.

Training the interns occupied the first 5 days of the 8-week program. Thirty hours were divided among a crash course in community organizing, and introduction to group processes, instruction in use of community resources, and an orientation to Voyage. Our first priority was to develop a working group among the interns to help them create a strong support system of their own. We forced the group to rely on this support system by limiting the supervisor's role; he did not do anything which the group could do for itself. He set parameters for the interns' activities while encouraging the group to find its own direction and facilitating its modification of the program. We hoped the interns, with the supervisor as consultant, would have real control over their training and work.

The goals for the summer project were:

1. Conducting needs assessments among teenagers in target neighborhoods
2. Identifying and meeting with key adults in the neighborhoods who could support youth organizing efforts
3. Aiding teenagers and adults to devise lasting self-help efforts in their neighborhood

The interns' role was to act as a catalyst for community self-help efforts which would be determined by the neighborhood itself.

We were skeptical about the likelihood of establishing a foothold in the community in 8 weeks. The 10 interns were untrained and inexperienced, averaging 17 years of age. Our expectations were modest, but the project worked. After the training, 2 weeks of confusion were followed by rapid successes. Finding that community centers in two neighborhoods were interested in setting up storefront counseling centers, the interns negotiated with community center staff for office space and administrative support. By the end of the 8-week project, the interns had made other agency contacts, conducted a survey of groups, and canvased the target neighborhoods about youth needs. When the salaries ran out in August, several interns remained as volunteers. We were unsuccessful in generating funds for the interns and their outreach office and the project was terminated.

Nevertheless, we were delighted with the results of our experimental training. The interns showed independence and creativity which surpassed our expectations. In them we observed characteristics which we wanted in all our staff, volunteers, and field placement students:

1. They integrated themselves quickly and easily into the agency's values and practices, even though most of their work was done in the field.
2. They were able to work with minimal supervision.

3. They displayed remarkable risk taking and assertiveness, showing confidence that rivaled that of our most experienced staff.
4. They solved problems in the field innovatively and independently.
5. They translated field experiences into program modifications, making important suggestions for changes in Voyage.

Could we train all our volunteers to develop the characteristics these youth exhibited in the summer outreach program, or was this an exceptional group of talented young people?

The Difference Between the Summer of 1977 and Our Regular Training

The training of these interns was almost identical to the training given to most center volunteers and staff. The few differences between the two were considerable and had an impact on the development of our subsequent training.

Group Orientation

Although most of our training had been in groups, group process had been a secondary concern. In the summer program, we focused for the first time on developing a working group; we considered it more important than any other part of the training. Now, all our training uses the group as the medium for transmitting content. Trainees are guided through a series of exercises in which they explore the characteristics of groups to which they belong, with particular focus on the dynamics of task-oriented groups such as the one created by the training program. While they participate in a small group discussion on the subject of small groups, a facilitator describes their behavior as a group and elicits members' observations. Throughout training, trainees are reminded that successful completion of the program requires creating a smoothly functioning and supportive work group. The interns' unusual creativity, risk taking, and independence could be attributed to their strength as a group. Their organizing success was partly the result of their experientially based knowledge of group dynamics.

The value of a group as a medium for transmitting skills is often underestimated. Training is usually done in groups for convenience. Most people who have been trainers or who have been through any kind of training will acknowledge that the emergence of a group identity is a common occurrence. It is usually regarded as a welcome byproduct and a sign that the training is effective. We now focus on the group and its development early in our training and make it a means to an end, rather than an afterthought. Reversing these priorities has had a beneficial effect on the training program. It speeds the assimilation of knowledge, makes small-group tasks run more efficiently, and makes skill transmittal more complete. Using the group as a culture within which they are likely to feel secure, trainees ask questions and experiment with ideas without self-consciousness. Finally, it is easier for trainees to attach themselves to a small group than to a large agency; with our group emphasis, they make a greater personal investment in the program and get more out of the work experience.

Understanding Organizations

A second difference in the summer training program was the degree to which we emphasized systems theory and its application to the dynamics of communities and organizations. Using the most immediate examples—local neighborhoods and schools and Voyage itself—interns learned to see Voyage as a system which could be analyzed and changed. Rather than a static description of youth services, interns were introduced to the process of agencies in the community. This understanding of the organization and its openness to change gave them an unusual sense of their own power and feeling of ownership of the organization.

Our use of systems theory to understand the working environment builds trainees' confidence. Actively a part of their organization, trainees tend to feel less overwhelmed by it. This is especially important with volunteers whose understanding of the organization differs from that of full-time staff to a degree we often fail to appreciate. Volunteers do not usually spend 40 hours a week at the organization. The memory of their first day at work is a lingering one. In many organizations, volunteers retain their outside status and are allowed to see as an unbroken whole what insiders understand as more complex phenomena. By teaching volunteers and interns to understand our organization, we help them demystify their working environment.

Independence

There was no apprenticeship period for the summer interns. Once trained, they alternated between fieldwork and daily briefing/debriefing sessions. Previously, we attached new staff to more experienced staff. In these supervisory relationships, constant evaluation and direction were part of the daily experience of the new staff member. In the summer program, we forced independence on the interns. We made it impossible for them to become overly dependent on their supervisor for direction and prevented their supervisor from paying too much attention to them. Consequently, they operated successfully and independently. Now we alternate independent work with training sessions or consultation. Pushed to work independently, trainees learn to take reasonable risks; they develop a critical eye for their own work and use their analyses for self-instruction. We continue to use some apprenticing but take precautions against counterproductive dependency. The most serious risk in our approach is that work performed in a less than satisfactory fashion will cause inconvenience for staff. In the long run, payoff from the volunteers' independence is well worth this trouble.

Inexperience

Most people with basic skills and some intuitive talents can learn to help others if they work hard and know when to ask for help. Volunteers sometimes have difficulty breaking down their images of our work. Training must demystify their view of human service work as esoteric. Because the interns came with less previous vocational experience than most of our trainees, they did not view their work as inferior to that of full-time staff and were innovative in solving problems. We now build demystification of youth work into our training programs, regardless of the previous experience of trainees.

The New Training Program

With an understanding of why the summer training worked so well, we modified Voyage's training for all volunteer and paid staff. We immediately began to produce the positive characteristics we wanted to develop in our staff and had fewer of the problems which had frustrated us in the past. We think our training is a model which is applicable to any community-based service.

Staff training at the Counseling Center is a continuous process used to orient new staff to our goals, values, services, and procedures, to transmit the fundamental knowledge the staff will require to work as counselors, and to build skills. When two or more new staff join the program at the same time, a training course of several weeks is set up to coincide with their starting date. This formal training process is designed to be flexible; it must be adapted to client demands and available staff resources. Two successive training programs will never be identical in content or format, but will include most of the following subject areas:

1. An orientation to Voyage;
2. Group processes and systems theory, with a specific emphasis on family systems

3. The fundamentals of juvenile law, the juvenile justice system and youth service systems, and the use of community resources for clients
4. Instruction in required knowledge and/or skills in such areas as:

   individual counseling
   family counseling
   client advocacy
   case management
   sexuality
   substance abuse
   suicide prevention
   child abuse
   rape and incest

Workshops range in length and use a variety of methods of instruction, including structured lectures, group participation, role-playing, simulations, and other formal group exercises. Whenever possible, persons outside the agency with specialized knowledge and training skills are used as trainers or as resources to the staff who conduct the training program themselves. Voyage House has made extensive use of community mental health facilities for training staff in counseling techniques.

At the same time that a new staff member participates in the formal training program, he is carrying out the basic tasks required of all staff. Under the supervision or observation of a more experienced staff member, a trainee spends time answering phones and performing intake interviews, referral, casework, and advocacy duties on behalf of clients. Eventually, a trainee observes individual and family counseling sessions, graduates to a position of co-counselor or coleader, and, when he is able to function independently, receives his own limited caseload. The final step in the process is the assignment of a caseload as full as the trainee's time commitment allows. At this stage, a trainee is performing all the work necessary for his clients and their families and is operating as a full staff member. Some volunteers have negotiated this passage in 5 or 6 weeks.

Whether we are teaching counseling skills or explaining the juvenile justice system, every aspect of any training we do is directed at facilitating one of four processes:

1. Motivating trainees to want to exert a greater degree of control over their environment; generating confidence and demanding assertiveness

2. Providing analytical skills which will allow trainees to understand their environment and how they can influence it, consistently using Voyage as a system to analyze and change
3. Providing the practical skills needed to effect change and the opportunity to exercise independent judgement in their use; training in self-evaluation
4. Removing obstacles that may hinder efforts or provide reasons for not acting

We achieve these goals partly through our use of the training group as the medium for skill development. We nurture a strong sense of group identity among trainees. We emphasize the independence we will expect of them when they assume caseloads. If they are going to succeed, we tell them, they will have to help each other through the process.

Although the training program looks tame on paper, actual sessions are intense, emotional, and analytic experiences. The training program is a safe place to test and observe how trainees react to stress and how adept they are at handling their emotional reactions to child abuse, incest, rape, and suicide. We want to know how well they can listen, observe, and communicate, and if they have the skill to be effective counselors. We do have dropouts, many of whom tell us that they had no idea, or a very different idea, of what our work was like. We try to encourage everyone who begins the program to complete it; we have seen cases in which people who experienced difficulty with the training program turned out to be excellent counselors.

The supervisory system used at the center reinforces the goals of training: To reduce the dependency of line staff on supervisory staff and to promote as much independent creativity in the line staff as possible. One person, the clinical coordinator, acts both as direct supervisor of the counselors and as an accessible clinical consultant. Through daily individual consultations, the coordinator acts as a tutor to the staff on client-related matters and, whenever possible, facilitates staff members' efforts to formulate their own clinical judgments. Because the coordinator is also the staff supervisor, he can direct any situation when necessary. The success or failure of the system hinges on the coordinator's ability to neither direct too much nor teach too little.

Conclusion

Our new training approach transferred a large share of power and responsibility from supervisors to direct-service staff. Once past their original resistance, all staff have grown as a result of this approach.

They generate more questions and criticisms of the agency. They are better at getting their own needs met, taking initiative at all levels to find solutions to problems.

As people gain confidence in their ability to understand and change a program, their personal investment increases. They care more about the organization and about how things are done by the staff team. To maintain this sense of ownership over the organization, staff must not be frustrated in their efforts to improve things. We have had to be careful not to create a false sense of power in our trainees.

Our model's implications for community participation in youth services can be reduced to a simple rule: Do not make community involvement a special case. Doing so sets up artificial distinctions between "insiders" and "outsiders" and between "professionals" and "everyone else" which divert attention from the real training issue: How we can get each person in our program to achieve his full potential as a human service worker. This goal of reaching capacity cuts across trainee's age, education, and professional experience. We will never really know what the young person or the nonprofessional community volunteer can do unless we treat him as if he could be the best among us. Inevitably, all trainees rise to their own level of competence in the organization. Our training program facilitates this process.

VII

Relationships to Mental Health Facilities

The relationship between runaway programs and mental health facilities has always been an ambivalent one. Runaway program counselors feel mental health facilities are generically insensitive to, or at least unable to meet the needs of, the young people, and mental health professionals are often suspicious of runaway programs' lack of professionalism. On the other hand, from the beginning of the alternative service movement, runaway programs quickly adopted the techniques—individual, family and group counseling—of mental health professionals and petitioned mental health professionals to be consultants, trainers, and staff. Mental health professionals admired the ability of runaway program counselors to work successfully with young people whom they could not reach.

The chapters in this section examine the programmatic and policy aspects of the relationship between runaway programs and mental health facilities. They may best be read as debate and dialog, attempts to examine possible areas of cooperation between mental health centers and runaway programs, and accounts of the hazards and advantages that such relationships have actually brought. John Wolfe, Director of the National Council of Community Mental Health Centers, presents a hopeful picture of the possibilities of financial and programmatic cooperation. Bob Meltzer and Claudia Stuntebeck, directors of youth-serving agencies, raise questions about the fiscal and programmatic limitations which mental health funding imposes on runaway programs.

Community Mental Health Centers and Runaway Programs Working Together

John C. Wolfe, Ph.D.

Runaway programs were developed to respond to unmet needs for mental health and social services among young people and their families. Although community mental health centers have offered few services to runaway youth, they do have resources which are available to runaway programs through contracts or consultation. Although collaboration will benefit both community mental health centers and runaway programs, they rarely work together. The information provided in this chapter is intended to inform both runaway programs and community mental health centers about ways in which they—and other mental health programs—may collaborate effectively.

What Services Do Community Mental Health Centers Offer Children and Youth?

In 1978, there were 704 approved and federally funded community mental health centers, 671 of which were operational. Most have some services for children (or children and youth), and a few have special adolescent programs. Centers have had considerable freedom in developing the diagnostic and clinical aspects of their services to children. Some choose to provide separate services to adolescents, while others include them in children's services, adult services, or family services. The majority of community mental health center treatment programs for children and youth are outpatient—and sometimes day-treatment—services; only about 150 of the centers have inpatient children's units. Even fewer have inpatient adolescent units. In many cases, adolescents are placed on an adult inpatient unit at the community mental health center because it is the only alternative to State mental hospitals.

It is difficult to ascertain how many adolescents are served by community mental health centers because they are frequently counted as children or adults. When teenagers are seen in family counseling, records are sometimes based on the number of families seen or on a count of the primary patient only (child or adult). Similarly, about 80 percent of community mental health centers have drug and alcohol programs which are generally available to adolescents as well as adults. In some cases, young people in these programs are counted as children, but in others they are identified as adult alcohol/drug patients.

What Consultation Is Offered by Community Mental Health Centers?

Community mental health centers offer a range of consultation and education services. Many of these could have an impact on youth and youth-serving agencies:

- *clinical supervision of agency staff*
  A private youth-serving agency can request that credentialed mental health professionals provide staff supervision at regular case conferences.

- *school consultation*
  Schools often request that community mental health center staff provide diagnostic and treatment services to disruptive, disturbed, or handicapped youth in the school or consultation on handling these students.

- *liaison with juvenile court*
  Mental health center staff may provide diagnostic services to court-involved youth, or youth may be diverted from the juvenile justice system to receive mental health services.

The initiative for these consultation and education activities comes from several sources. Mental health center staff sometimes offer their services to other agencies. In many community mental health centers, the requests for consultation from outside agencies have been overwhelming. These units often must set priorities among: (1) education about what the community mental health center does; (2) education about preventing mental illness; (3) case consultation; (4) staff consultation; and (5) management consultation.

An additional resource drain in consultation and education units is that their funds are being used to support prevention. Ideally—although in conflict with current demand for consultation—these units consult with self-help groups designed to keep community residents mentally healthy.

Lack of consultation and education funds is an important obstacle to collaboration between mental health centers and runaway programs. With an expansion of consultation resources, community mental health centers could provide substantial supervision and training for community-based programs. Enlarged education funds would enable community mental health centers to contract for runaway youth and their families with runaway programs. As mental health priorities are identified at a county and State level, the need for such funds could be documented by runaway programs.

How Can Runaway Programs Get Assistance from Mental Health Centers?

In addition to referring clients for services, community-based agencies can get special assistance from mental health centers:

> *Training.* Most NIMH training funds are used to support graduate fellowships for students. Few special training resources exist in mental health centers. However, weekly or monthly inservice clinical training sessions at the mental health center could be worthwhile for community-based program staff. In limited numbers, they could request that the mental health center allow them to attend inservice training.
>
> *Consultation and Education.* There are no unrestricted consultation and education funds available through the CMHC legislation directly for runaway programs. However, the mental health center consultation and education staff are another potential resource for training for community-based programs. For example, if alcohol abuse increased among adolescents in a community, the mental health center consultation and education staff might provide training to other agency staff on how to treat these problems.

In addition to training, consultation and education staff from mental health centers can be requested by community-based programs to provide staff supervision on casework as well as internal management. The key to success in obtaining useful consultation is that the requesting agency know what it needs from the mental health center. The runaway program should define its problem and ask for specific help. For example, asking for consultation on "staff communication" may yield less effective assistance than a request for "facilitation at weekly meetings to discuss staff values, techniques, and trust among staff."

> *Treatment Services for Youth.* Community-based programs cannot get mental health center funds for youth services directly.

Access to these resources must come either through contracting or merging with the mental health center. It is possible for a runaway program to persuade a community mental health center to improve its youth services by contracting with the program through:

- purchasing services
- an annual contract for a defined quantity of care
- paying the salary of one or more staff at the runaway program

The runaway program could approach the mental health center with a package of services, arguing that (1) the caseload of youth (and families) would be reduced; (2) the youth might be reached more effectively outside of the mental health facility; (3) new, needed services would be offered; and (4) a specific, unreached population would be served. Documentation of the unmet needs of this population should be provided. Obstacles to such a contract include:

If the mental health center operates a youth program,

- its staff may be threatened by another agency's competition
- duplication of services may be a problem
- the cost to the center of overhead may not be substantially reduced by a contract with an outside agency
- the professional qualifications of runaway program staff may be questioned
- youth may not be viewed as a mental health center priority comparable to adults, children, or other target populations

Nevertheless, contracting by mental health centers with community based programs to improve services to youth is a potentially valuable resource for both agencies.

Prevention. Another form of collaboration between mental health centers and community-based programs is prevention. One chapter in this book describes a full preventive program which merged with a mental health center. Other options include:

- staff of two agencies working together on prevention
- the mental health center contracting with the program for primary prevention of emotional problems in young people and their families (from consultation and education funds)

- mental health center staff are often paid by schools and courts for preventive work; such contracts could be shared with community-based programs

Despite limited resources, prevention is a service goal in which community-based programs may have more success than mental health centers. Conceivably, mental health funds might be matched by other prevention funds to enable the youth service to develop a new project.

What Other Mental Health Resources Are Available for Runaway Programs?

Community mental health centers are only one part of each State's mental health plan. In fact, only 45 percent of the catchment areas nationwide have community mental health centers. Although mental health centers are perhaps the most likely resources for runaway programs, other possibilities should be considered:

State planning process. New PL 93-641 encourages an increased level of health planning in the States. Staff on community-based programs should become members of the State Advisory Board and participate in policymaking and the development of the annual State health and mental health plan. With such involvement, community-based programs can gain information and have some control over State mental health spending.

State mental health funds. In addition to Federal dollars for community mental health centers, States have their own appropriations for mental health. State funds, which sometimes exceed the Federal dollars, and State monies are often directed toward mental hospitals. However, the current concern over deinstitutionalization is forcing States to reallocate funds from State mental hospitals to community-based facilities. Runaway programs and other community-based programs could possibly contract with the State to provide alternatives to the hospitalization of adolescents. Additionally, increasing interest in public funding of community-based aftercare for released mental patients might lead to the allocation of resources to runaway programs.

County mental health funds. Many counties also allocate funds for mental health services that are separate from Federal and State dollars. Community-based programs may find county money and those who are disbursing it particularly responsive to programs which meet local needs.

Future possibilities. The President's Commission on Mental Health proposed a new initiative to earmark mental health funds for those community-based programs which would be eligible. The alternative services section of the Commission's Report emphasizes the unique treatment offered by runaway programs. It is hoped that runaway programs will be able to apply for funds for outpatient adolescent services under the new legislation. Community mental health centers would become part of a large mental health service system, including other State and county programs as well as the newly developed projects. Thus, alternative services would become a significant component of a State's mental health network for youth. The problem of coordination among services would continue to be a challenge in an enlarged mental health system. An exciting aspect of the Commision's proposed plan is that it does not require that programs have professional staff to be eligible for mental health funding. It stresses only that skilled staff must provide and document service provision through an individual case plan, regular plan review, and discharge plans.

What Do Runaway Programs Offer Mental Health Facilities?

This chapter focused on what community mental health centers can offer runaway programs, both financially and clinically. Working with runaway programs also benefits community mental health center staff—and the young people they serve. The nontraditional approach to mental health services taken by runaway programs has proved particularly effective in reaching young people. Runaway programs focus on providing an atmosphere comfortable for young people, without redtape or excessive formality. Accessibility in residential neighborhoods and proximity to schools are other factors which have enabled young people to use the services of runaway programs. The services delivered by runaway programs have also been developed in response to youth needs: Counseling is less formal, and counselors are less distant than in traditional agencies; in addition, jargon and the pejorative description of problems as emotional disturbance are avoided, and 24-hour crisis assistance is available.

More young people would be served more effectively if the adolescent programs sponsored by community mental health centers resembled runaway programs. By suspending some of the rules governing traditional mental health care, professionals would develop more effective, trusting relationships with youth which are essential to therapeutic work.

A Holistic Approach to Youth Services

Robert Meltzer, M.S.W.

In the late 1960s, when thousands of young people flooded New York City's East Village, the Educational Alliance developed project CONTACT to provide services to the countercultural flower children. The runaways coming to Project CONTACT had a variety of social and emotional problems: Complex family relationships, school difficulties, and substance misuse. These problems were often complicated by the inherent instability of the urban street-culture lifestyle. In time, Project CONTACT developed a comprehensive array of mental health services to meet the needs of these transient young people and of the local black and Puerto Rican runaways who followed in their wake.

Our outreach system locates the runaway—often engaging in negotiations with street people, pimps, steerers, or hustlers for release of the young person to the Project. Twenty-four-hour crisis intervention is available to deal with bad drug experiences, alcohol misuse, sexual exploitation, and other problems resulting from parent neglect. To support this service delivery system, the Project provides short-term housing, food, and clothing, particularly to young people living in economically or sexually exploitative communes or crash pads. Our residential facility now has 80 beds.

We have instituted a referral system with the local school district and, because of the stringent regulations of the traditional school system, our own high school. For those not ready to re-involve themselves in formal education, a phased vocational-educational preparation program has been developed. We try to connect specific educational objectives (e.g., basic skill improvement, General Education Diploma) to vocational planning. Motivated in part by our use of small stipends, virtually every participant has become involved in some aspect of education, either directly or through learning how to teach others.

The Project also has developed one small business, and plans are underway to develop additional models. Our boutique sells products by local artisans, as well as popular items such as T-shirts. The boutique operated at a profit last year, grossing over $25,000. We attempt to meet participants' recreational needs by organizing teams and by using community gymnasiums and athletic fields. Despite initial mutual hostility, project participants are beginning to become involved in the community. We have representatives on local neighborhood and block associations, committees, and coordinating councils.

In developing services for runaways in the East Village, Project CONTACT evolved a philosophy of holistic care. Mental health funds have helped to hold together this system of holistic care. The funds have also produced significant constraints, for which we have compensated by generating other resources without jeopardizing the comprehensive services available to needy young people.

What Is Holistic Care?

Our primary goal at Project CONTACT is to help youth cope in an ever-changing world. We define a "coping" person as one with a basically strong and realistic concept of self, strengths, and limitations. Such a person has respect for self and others. He has, or is in the process of developing, a rational way of viewing problems and of making decisions based on positive human values. We believe that mastering a variety of basic and—when desired or appropriate—marketplace skills is an integral part of the development of a strong self-concept. We see as significant the opportunity for the youth to experience recreational activities, develop his special interests, and engage in both individual and cooperative tasks.

To develop a program to support this process, we needed a place which could provide sanctuary, food, and clothing, where crisis needs (medical, emotional, and legal) could be identified and dealt with. We needed a place where young people could test assumptions, challenge adult values, and get feedback. We needed a place that welcomed everyone's ideas and responded to peers', staff's, and communities' critical review.

We wanted to share with youth the opportunity to learn, to experience, to test and to re-examine in a nonrejecting and permissive environment problems of change, adjustment, functioning, values, attitudes, and belief systems. We wanted to develop a comprehensive system, holistic in its view of the young person. Since our philosophy of holistic care—helping youth cope—is based on mental health principles of self-esteem and interpersonal relations, we hoped that comprehensive services could be supported by mental health funds. The project staff recognized the need and began to plan for the availability of comprehensive services, aware that unstable and/or insufficient funding would result in a problematic delivery system.

Attempting to Achieve Holistic Care Through the Mental Health System

In this era of categorical funding, there has been a denial of the need to employ holistic treatment and prevention methods. Ultimately, we could not avoid financing our holistic approach by getting diverse categorical funds and assembling an array of services which is comprehensive. Initially, we decided to apply to the New York State Department of Mental Hygiene for comprehensive funding. Using mental health funds appeared logical and feasible:

1. There were many young people among those seeking and using the services of the Project, whose disorientation and behavior indicated need for mental health counseling.
2. As the vast majority of these young people were either emancipated minors, youth who had left or been rejected by the existing juvenile justice or child-care systems, or from dissolved families, they were indigent and ultimately eligible for third-party reimbursement, via a licensed clinic. This would, in turn, generate some funds for additional services.
3. The parent agency of the project, the Educational Alliance, already housed a mental health clinic. We hoped its existing program would facilitate the Project in obtaining its own license.
4. As a community-based project, holistic care supported by the State Department of Mental Hygiene appeared consistent with the 1963 Presidential description of community-based mental health centers" as a "bold new approach," providing a "flexible array of services that disrupt as little as possible the patient's social relations in his community."

Project staff soon discovered that the bureaucrats in the New York State Department of Mental Hygiene interpreted quite narrowly such concepts as "community involvement and control . . . broad range of services, innovation . . . variety, flexibility and realism." The New York State Department of Mental Hygiene, instead, limits outpatient clinics to promoting:

> . . . the application of the most effective methods by which the mentally ill, mentally retarded, and alcoholic may be helped to achieve maximum self-sufficiency while providing for their safety and general well-being to the extent that it does not prevent them from the practice of social skills in the natural round of life (Part 85, Operation of Outpatient Facilities for the Mentally Disabled).

In practice, the effectiveness of such an outpatient clinic is severely limited. Only those youth classified as mentally ill and receiving psychiatric treatment can qualify for State reimbursement. Because only a psychiatrist can diagnose mental illness, a clinic must employ at minimum a half-time psychiatrist. The psychiatrist must provide an explicit diagnosis, using the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders.

Even then, the range of services is restricted. Six types of services are defined by New York State as appropriate for reducing mental disability: examination, diagnosis, care, treatment, rehabilitation, and training. Three of these—care, rehabilitation, and training—are not reimbursable costs for outpatient clinics. This means that no funds are provided for food, clothing, shelter, vocational or educational counseling, workshops, or other support services. No funds are provided for most of the "examination" services, as the clinic is not licensed to perform many of these functions. In terms of "diagnosis," only the services of the psychiatrist or psychologist for that portion of time spent directly with the youth as part of "inspecting, testing, and ascertaining" can be a basis for reimbursement.

What is left as reimbursable is treatment. Treatment begins after the initial diagnosis and the development of a treatment plan that establishes short- and long-term goals. It *cannot* include any related aspects of service provided outside the jurisdiction of the outpatient license because these are seen as not essential to treatment. Counseling sessions needed to prepare a homeless youth to live in a center, to help a nonreading youth locate an appropriate educational placement, or to begin to explore job readiness and marketable skills are dismissed as "case management" and are nonreimbursable. We are encouraged *not* to provide such services as they complicate the records and the review process. Is it any wonder that most young people reject the restrictions, structure, and indifference of this adult "helping" professional world?

When the project accepted the designation as a New York State mental health clinic it, in effect:

1. sanctioned an inflexible psychiatric labeling system to establish eligibility of its youthful population
2. accepted the mandate that it employed at least a half-time psychiatrist who must affix labels, determine method(s) of treatment, and monitor treatment progress regularly to guard against the clinic serving youth who are "not sick enough"
3. established a recording system to verify that treatment was specific only to the illness and was not "contraindicated" by any aspect of the youth's current lifestyle (i.e., means of sup-

> port, place of abode, substance use or abuse, and/or sexual behaviors). This system recorded only the specific result of each specific treatment goal.

In essence, the Project became a partner in a rigid system, one that defined complex social, economic, and psychological problems by a simplistic numbered system; was incapable of involving participants in the process of alleviating their acknowledged problem; and limited the organization's range of available services (at least as far as those supported by the system's acceptance of reimbursable costs). The New York State Mental Hygiene system seeks standardization of "patients," "clinics," "treatment," and "outcome." This is a far cry from the realism needed by those youth seeking help from us today.

Using Categorical Funds To Support Comprehensive Services

We believed that the mental health system would offer significant resources for holistic care. In fact, mental health funds brought unanticipated limitations. The resources necessary to provide comprehensive services were not available. We decided to explore and exploit the wide range of categorical funding opportunities, to create a program which, though disjointed, would be as comprehensive as possible.

Project CONTACT today reflects our attempt to shape categorical grants to provide comprehensive services to youth. For example, our crash pad and runaway residential facility were initially supported by private funding. This gave way to a grant from the Office of Youth Development. It quickly became apparent that 12 to 15 short-term placement beds would be inadequate. Categorical grant proposals were presented to (1) the National Institute on Drug Abuse for specific drug-abusing and addicted youth and young adults; (2) the National Institute on Alcoholism and Alcohol Abuse for specific alcohol-abusing youth and young adults; and (3) the local municipality for long-term youth placements. Packaging categorical funds in this way is complicated by disjointed funding, reporting, and eligibility systems. While far from perfect, use of categorical funds does provide the Project with 80 reimbursable residential slots, approximately 65 of which are usable for long-term (1- to 2-year) placements. Using three different facilities, the Project maintains some sense of smallness and personalization within the larger whole.

The educational needs of Project participants have also been met through the use of categorical grants. Because particpants' educational levels vary greatly, we designed a phased program. With categorical support from the New York City Board of Education, we developed a basic English learning program and a high school equivalency program. Using other resources, we developed a college preparatory program and an internship-teaching program where high school graduates serve as tutors.

We have developed a comprehensive vocational planning program, including orientation to the world of work, attitudinal and occupational testing, vocational counseling, and skill workshops. Participants then begin partially subsidized employment, part-time employment, or full-time employment in our own boutique. Integration is maintained between educational classes and vocationally phased placement. Funds for this phased vocational program have come from a variety of State and other sources. The recreation and community development aspects of Project CONTACT are also funded from diverse categorical grants.

Conclusion

Project CONTACT's goal is to provide holistic care to young people. Young people coping with family problems, educational difficulties, and the realities of survival on the street need comprehensive mental health care. Project CONTACT has been providing a wide range of mental health services not effectively offered to youth by community mental health centers. Using the language of the mental health system, we provide care (via our residential network), treatment, rehabilitation, and training on an individualized basis. Not every participant needs all that the Project offers. Our significant achievement is that a coordinated range of services is available and participant progress is monitored. While the Project itself suffers fragmentation as a function of categorical grants, the participants do not.

Categorical funding requirements and regulatory agency restrictions make comprehensive mental health services to youth an extremely difficult task. Ideally, mental health funding should allow the mental health worker to monitor progress, enter into discussions with educational and vocational personnel, and make use of group processes to help in socialization, problem identification, and peer support. In unusual instances when hospitalization seems to be the only alternative, mental health funds should support development of linkages with local hospitals which have some semblance of treatment for adolescents.

The mental health system should support holistic care for youth by providing funds to alternative agencies without excessive reliance on psychiatric diagnosis or restrictions of auxiliary care services. If it did so, project CONTACT's task—to develop and operate viable alternative models that provide youth with a therapeutic environment in which the concepts of care, treatment, rehabilitation, and training remain balanced—would be a far simpler one.

Alternative Youth Services as a Branch of a Mental Health Facility

Claudia J. Stuntebeck, M.A.

History

The development of Kitsap County Council on Youth (KCCY) parallels that of many runaway programs across the United States. KCCY's merger with the local community mental health center may be instructive to runaway programs which are increasingly defining themselves as mental health services providing youth and family counseling.

KCCY began in 1969 as a service for drug users. A drop-in center was open afternoons and evenings for activities, in-person counseling, and referrals. A crisis line provided similar services by telephone. Ten years later, KCCY is a multifaceted youth service bureau providing a variety of mental health services. Located in Bremerton, Wash., a city of 40,000, KCCY occupies an old, two-story house in a downtown, residential neighborhood. Location and facility were chosen to provide accessible services in a comfortable and inviting atmosphere.

Internal and external factors encouraged the evolution of KCCY's services. In its early phase, KCCY's program was loosely structured. Volunteers were used extensively not to provide therapy but to "rap" with people who came to the drop-in center. The program changed gradually as staff found it necessary to enlarge their repertoire of counseling skills and increase their capacity to provide effective services to youth whose troubles extended beyond drug use or abuse. A second internal influence was the Youth Council which was developed to plan and execute activities and fundraising. Members of the group were age 13–18, and the council's president was a member of KCCY's board of directors. In response to youth needs, specialized groups were developed to address issues such as pregnancy, school problems, women's roles, and values clarification.

A primary external influence was the limited and inadequate mental health services available to young people. The local mental health center, established in 1968, has continually struggled for survival and has undergone several major changes in administration. In the early

1970s, it operated one adolescent boys' group and employed one social worker to deal with abused children and their parents. Although some counselors had youth in their caseloads, the director's policy was, "we don't deal with youth unless they are psychotic or committable; we don't have time." Characterizing itself as a place which dealt only with the "sickest" clients, the center was located in what was once the county hospital and almost exclusively saw clients for one-to-one therapy. The community mental health center was not a place which sought out young people with problems, nor did it create an image which encouraged young people to approach it for services.

The second external factor in KCCY's evolution was the development of Community Resources Consolidated, a diagnostic and treatment planning unit for court-involved juveniles. Sponsored by a coalition of youth-serving agencies in Kitsap County—the juvenile court, the State-sponsored child guidance clinic, local group homes, KCCY, and the State Bureau of Juvenile Rehabilitation—Community Resources Consolidated accentuated our county's lack of services to youth. The absence of the community mental health center in the coalition and the fact that KCCY was the only outpatient service capable of expansion were significant in highlighting KCCY's services and in bringing to the community's attention the absence of adequate outpatient services for youth and their families.

A third external factor in KCCY's evolution was the disbursal of drug-abuse monies through the Bureau of Mental Health. The receipt of those funds for KCCY's early drug-related services tied the program directly into the mental health system and made us partially dependent on that system for financial support.

Merger of KCCY With a Community Mental Health Center

In 1976, the county mental health board voted to establish a "comprehensive" community mental health center. It awarded *all* outpatient mental health and drug-abuse funds to the existing community mental health center and indicated its support for consolidation of services. This decision had a twofold impact on KCCY. The immediate impact was financial: The mental health board took 20 percent of our funds. These were core funds helping to support our overhead costs and around which we had built the other 80 percent of our budget for direct service. This decision also excluded KCCY from the county mental health plan, rendering us ineligible for any funds, including drug abuse monies, administered by that board. The message was clearly that Kitsap County had limited support for social services and was channeling all of that support (both political and financial) into the consolidated community mental health center.

Because KCCY wanted to continue to provide counseling and other services to youth and their families, the board and executive director decided to move toward a merger with the community mental health center.

Expected Advantages of Merger

Financial Stability

Agencies such as KCCY are often victims of funding patterns. When drug problems are of widespread concern, funding exists for drug programs. When priorities change, funding shifts. Joining with a mental health facility to provide the mental health services that were given high priority by the county would establish financial stability. A broad base of fee-generating services would allow support for an individual service to fluctuate without drastic consequences to that service.

Consolidation would reduce costs in such areas as administration, bookkeeping, and outreach. Service overlaps could be eliminated through development of an integrated service system. For example, crisis phone line, drug-abuse hotline, crisis intervention staff, and emergency services staff could be coordinated to produce a comprehensive system of emergency services. The elimination of service overlaps, shared psychiatric consultation, and combined training resources are cost effective benefits to merging systems of service.

Merger would enhance the ability of both agencies to seek and use other local, State, and Federal funding sources.

Therapeutic Benefits

An increased pool of counseling skills was the most obvious benefit of a merger. The combination of traditional professionals and KCCY youth workers would allow for the development of a range of services for youth and families. Youth with problems more severe than KCCY staff had previously been able to handle could be served. Parents and youth with unmet needs could pressure the combined program for appropriate services.

The quality of our client records could improve with increased clinical supervision.

Clients would benefit from an integrated system which allowed them to move smoothly from one service component to another. Many different types of clients could call one number and enter into the appropriate service. Comprehensive treatment plans could be put together within one agency.

Reaching More Clients

Kitsap County's population is only 125,000, but it is scattered over 400 square miles and lacks a countywide transportation system. The atmosphere is rural, and funding of health and social services programs is *not* a priority. The merger would enable us to make youth services available to young people countywide through working agreements with public schools and juvenile justice agencies. Consolidation with the mental health center would enable us to expand our services to reach out to the entire county.

Expected Disadvantages of Merger

Loss of Flexibility

Mental health money is appropriated for specific segments of the population—those whose problems stem from psychoses or severe neuroses. We continue to see many young people who do not fit these definitions. We were concerned that these clients would become a secondary priority for services funded with mental health monies.

Loss of Power

We would lose absolute decisionmaking power within our agency. The executive director of the mental health agency would become our executive director. Our director would become a coordinator for youth and family services. We were afraid that this loss of power could have severe consequences for the self-determination of our program.

Increased Size

Large organizations often become institutionalized. Staff can become isolated from each other and from decisionmaking, and the program can lose its ability to respond quickly to a young person in need.

What Happened After the Merger?

The consequences of KCCY's merger with a community mental health center were drastically different from what we envisioned. In most respects, the merger was a disaster for KCCY and its clients. The problems were twofold: The most important problem was the nature of the community mental health center itself. Secondly, KCCY changed as a result of the merger in ways which we are now trying to reverse.

The atmosphere of the community mental health center was not one of mental health. Staff were overworked, supervision was inadequate, and decisionmaking was not participatory. Mental health services other than traditional counseling were not a priority. KCCY staff always experienced frustration, as if we were pushing a huge boulder up a steep hill. Most of the anticipated financial and therapeutic advantages of the merger were not realized. The mental health center's priority was to stay open and intact. This was much less ambitious than our goal of improving and expanding the services and financial base of the organization. Even the hope for stability was not fulfilled: Within a year of merger, the community health center closed. The 6-month political battle which preceded the closure left the participants tired and frustrated and created a very unfavorable atmosphere for delivery of services.

KCCY's changes as a result of the merger are documented in numerical form in table 1. We improved our services to families and moderately disturbed youth. We nearly tripled the numbers of families we counseled and doubled the numbers of clients seen in groups. Our client recordkeeping system improved, as did our image of ourselves as "professional" counselors. Unfortunately, we lost ground in other areas. Staff became too interested in developing professional counseling skills. We lost sight of the importance of an informal atmosphere and a drop-in center for reaching young people. The merger made this change complete: Once we were part of a community mental health service, we provided only traditional mental health services to youth and families. The promotion of mental health was no longer our focus; we treated mental illness. We became less accessible to the drop-in population; our outreach work was curtailed; our client population shifted. These changes resulted from an inability to cope with mental health regulations and mandates without sacrificing elements of our program. Our services changed, and we were not satisfied.

Where Do We Go From Here?

There is a place for mental health money and services in an alternative youth agency. Before accepting mental health funds or affiliating with the mental health system, programs should ask:

1. Do we have a broad enough base of funding to prevent limiting our services to only certain "mentally ill" clients?
2. Will we retain enough power over our programing so that we can remain a community-based alternative youth service agency?

Unfortunately, KCCY developed mental health services for some youth at the expense of the rest of our services. We will now work to redevelop alternative services, using these questions to guide our decisionmaking as we attempt to reach our goal of improving and expanding services for youth in our county.

We have learned that affiliation with traditional mental health agencies is, by itself, not the best way to improve mental health services to youth. Our new affiliation is with Kitsap Resources Consolidated, a multifunded, multiservice community mental health center. The organizational structure promises to be less centralized and the funding base more broad. We are now supported by CETA, United Way, and juvenile justice system monies and can provide a range of services not mandated by mental health funds. We are not limited by the medical model or its mental illness approach. KCCY can once again be responsive to the wide range of needs of young people and their families who live in Kitsap County.

Client and Agency Characteristics Services per Year[1]	Before Merger	After Merger
Age range	12–19	0–19
Basic diagnosis	No restrictions	The bulk of our counseling clients must be in the moderate-to-severe range on the *Global Assessment Scale*
Ability to pay	No restrictions	Income assessment is made on all "counseled" clients
Number of staff		
Direct service	7	3
Administrative	1.5	1
Support	2	1
Counseling caseload		
Individuals	142	75
Families	34	98
Groups	41	70
Attendance at drop-in activities	850	500
Community education (number of people reached)	889	360
Funding sources	United Way State Juvenile Justice Drug abuse funds Donations Private contracts	United Way State Juvenile Justice Mental Health Title XIX Client fees Donations

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[1] The figures are approximations based on the best available data from 1975, 1976, 1977, and 1978.

VIII

Accreditation and Licensure

The number of young people that runaway centers serve, the attractiveness of their model of service delivery, and their position as the cornerstone of a federally funded youth program, have made them increasingly visible. No longer underground organizations, they must deal, in an era of tightened budgets, with the realities of licensure and accreditation, and with their status as service providers and professionals.

In this section, Sherman, of the Chicago Youth Network Council, discusses the adverse effects of systems of licensing and accrediting on runaway programs, flexible, innovative services; and McCoard of Huckleberry House in Columbus, Ohio, presents a case history to show how one runaway center managed to gain mental health accreditation without losing its identity.

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Licensure and Accreditation of Alternative Services

Arnold E. Sherman, M.S.

Alternative services in general and runaway programs in particular have always respected the public's right to know how its money is being spent and have supported community awareness of the quality and range of services available. The concept of accountability is not alien nor is seeking official approval from standard-setting bodies inherently unacceptable. The issue is: How shall accountability be determined and, more importantly, by whom?

Most alternative service practitioners are aware that licensure and accreditation can be of value. There is a direct correlation between licensure and accreditation, the confidence of funding sources, and increased funding. A licensure and accreditation process can help identify program strengths and weaknesses, improve employee performance by requiring regular assessment and inservice training, and generally upgrade quality of services. There is a greater likelihood of consumer and public protection through consistent program monitoring, evaluation, and assessment. Programs with the stamp of approval become politically more influential and can form alliances to advocate for necessary human service reform. Licensure and accreditation can challenge and strengthen program creativity by demanding high levels of performance and stimulating new service techniques.

Nevertheless, there is a battle against professional licensure and accreditation. Alternative service programs recognize that the requirements being developed and applied affect the very core of the alternative service movement. Without losing the flavor of their counterculture beginnings, alternative services have gained gradual respect and acceptance from much of the traditional human service delivery system. In buying into the system, however, alternative services have discovered the difficulty of maintaining the independence of their early days. Trying to cope with the "more you get, the more you want" syndrome, they continually struggle to maintain their unique heritage: nonbureaucratic, flexible, individual-client-focused services. In the 1970s, the successful runaway program is a juggler of funding sources, piecing the rigid complexity of categorical funds into fluid, responsive service delivery while attempting to avoid co-optation.

Achieving adequate funding without losing responsiveness to client needs is already difficult.

So far, fiscal and program accountability has taken the form of reams of paper, overlapping audits, intrusive program monitors and evaluators, constant questioning of nontraditional counseling techniques, program licensing requirements, demands for staff certification, and a variety of other bureaucratic challenges that are viewed as having little to do with effective service delivery. To many alternative service workers, licensing and accreditation will simply mean more of the same.

Licensing and Accreditation: Prior Experience and Definitions

To date, only a few efforts at alternative service licensure and accreditation have taken place. These have been focused on specific services. The priority has been on licensure and accreditation not as a means to improve services, but simply as an administrative procedure to sanction funding of new programs. In Alabama, standards have been developed for detention centers. Ohio, Tennessee, and Michigan have statewide standards for runaway programs. Maryland and Connecticut have adopted group home licensing criteria. Missouri and California have instituted standards for residential youth homes. The primary motivating force for these actions was fiscal. These new program concepts did not fit existing State licensing categories; to receive funding, new categories were legislatively created. In most other States, however, programs must mould themselves to fit already existing and often inappropriate or antiquated criteria. In Illinois, for example, runaway programs and other shelter care facilities are licensed based on standards that have not been revised in over 10 years.

Licensure and accreditation have three components: Program licensing, individual licensing, and accreditation. These can occur separately or in various combinations.

Program Licensing

Licensing a program's physical facility attempts to guarantee minimum standards. Runaway programs must comply with health, safety, zoning, building, and staffing requirements. These vary by State and locality. In many areas, runaway programs inappropriately fall under the jurisdiction of foster and group home licensing requirements. Some runaway programs must comply with rigid laws for drug and alcohol abuse programs. As the movement toward comprehensive services gains momentum, recognition of the difficulties of complying with existing duplicative and cumbersome licensing authorities will be heightened. The call for a uniform level of minimal operational standards in runaway programs is imminent.

Individual Licensing

This aspect of quality control is perhaps least accessible to alternative services because it involves national and State requirements controlled by professional groups. In each State, psychiatrists, psychologists, social workers, and nurses must be licensed in order to practice privately and, in many cases, to practice in mental health facilities. Requirements include passing a national exam, completing a nationally approved internship, undertaking several years of supervised experience, participating in continuing education, passing a personal interview, etc. If alternative services can attract licensed professionals, those individuals may bring recognition to the organization. They will be able to charge insurance companies for counseling and to supervise nonlicensed individuals. On the other hand, rigid individual licensing standards may exclude many alternative service staff.

Accreditation

Accreditation is a pre-defined combination of program and individual licensing. Most accreditation standards are developed for a particular kind of program and require the presence of a minimum number of professionals. An agency wishing to qualify for accreditation attempts to meet these standards and is then visited by the accrediting body which ascertains whether the requirements have been met. Often, accreditation involves the implementation of a prescribed recordkeeping system to improve case management. The site visit may include review of case files and demonstration that the recordkeeping system is used. Specific diagnostic procedures may also be required.

Why Alternative Services Are Uncomfortable With Licensure and Accreditation

Licensure and accreditation are looked upon as yet another infringement on the spontaneity and creativity of the alternative service movement. Programs criticize bureaucratic and traditionally based standards, excessive professionalization, and counterproductive expenditures.

Resistance to Traditionalism

A primary impetus for the alternative service movement was the inadequacy of traditional agencies. Most human services were inflexible and patronizing. Priorities placed on reporting, labeling, and payment often worked to the detriment of the client whose immediate needs seemed to conflict with the system designed to alleviate them.

Traditional service delivery systems were most glaringly unresponsive in the area of caring for children and youth. Young people were assisted in spite of, rather than as a result of, traditional agency intervention. Youth who ran away from intolerable home situations were labeled delinquent or psychologically deviant. Their experimentation with drugs resulted in court involvement and forced hospitalization. Alienation in school resulted in expulsion. Traditional agencies did not value service delivery focused on youth advocacy. They did not see the young person as having any inherent rights separate from those extended to them by their families or society. They did not see young people as being capable of generating solutions to their own problems. The system of "helping" institutions was unwilling to accommodate the felt needs of a new generation of confused and troubled youth of the 1960s.

Alternative services do not want to have the values of traditional agencies forced on them by accreditation. Responsiveness to youth needs is the most important value of alternative services. Emphasis on professional training and on diagnostic and recordkeeping systems might lessen the agency's ability to respond to youth needs. Community accountability and control are strained by acceptance of externally imposed policies, procedures, and control. In Chicago, for example, there are dozens of neighborhoods, each with a separate ethnic and cultural identity. Adding to that 126 separate suburban municipalities, it becomes apparent that a universally applicable set of standards, whether generated at the local, State, or national level, would come under severe criticism if it did not adequately respond to the unique indentifiable needs of each community.

Excessive Professionalization of Staff

The stigma of "professionalism" is pervasive throughout alternative services. In general, alternative youth services have found that professional degrees interfere with, rather than improve, people's ability to provide caring, nonalienating, flexible support to young people. Credentialed professionals often base services more on a pre-packaged approach than on the needs of each individual. If traditionally trained professionals dominate alternative services, it is argued, these programs will lose some of their fundamental treatment values.

Licensure and accreditation standards place a premium on academic background. The MSW degree has been so successfully promoted by professionals that it disproportionately outweighs other discipline or experience-based skills as a requisite for human services employment. The underlying myth of accreditation is that academic training, the MSW in particular, is the key to quality service delivery and program accountability. Many community-based agencies have been forced to defend the "credentials" of direct service staff who lack professional degrees. Alternative service agencies seeking public financial support for survival are confronted with the necessity for hiring of MSW's to the exclusion of all other candidates, in order to secure grants and contracts.

Historically, alternative services have capitalized on enthusiastic leadership, often from noncredentialed staff, which has become requisite for small agency survival. With increased demands for accountability and professionalization of the field, alternative services fear that the services of paraprofessional and peer staff will be de-emphasized.

Unfortunately, this fear seems to be well founded. For example, a pending bill to license social workers in Ohio states that anyone who helps others change their behavior must have, minimally, an MSW and 6,000 hours of postgraduate experience under the supervision of a licensed, certified social worker. This and similar bills pending or in force hold the MSW as the only appropriate training preparation for human service delivery. Similarly, a youth service bureau director seeking a position with a New York State-run youth outreach drug program was turned down for even an entry-level position, solely because he did not possess an MSW. He did have a Master's degree in Criminal Justice, 5 years of college teaching experience, and 7 years of community-based administrative background. Ironically, no research to date has demonstrated that MSW-oriented programs are more effective or that MSWs are themselves better youth counselors.

Service Delivery and Financial Costs

The greatest fear aroused by accreditation is that the time, energy, and attention focused on ensuring program compliance will be at the expense of the service consumer. In this resource-deficient field, overtime and low pay are the rule. Compliance with the monitoring and reporting requirements of a licensure and accreditation process requires further draining of resources and a reduction of time and attention given to client services.

In addition, licensure and accreditation are business ventures, and standard-enforcing bodies appear capitalistic and cutthroat. Agencies must often pay to become accredited, a requirement which has generated considerable debate. Halfway houses seeking accreditation from the American Correctional Association's Commission on Accreditation have paid upward of $3,500. The newly created Council of Accreditation of Services for Families and Children, funded in part by

DHHS (formerly DHEW), has recommended to DHHS that local nonprofit agencies receive no Federal grants until they have been accredited by an independent accrediting body. They, of course, recommend themselves as that organization. With no input from alternative service providers, they are already developing standards of accreditation for youth- and family-serving agencies.

Alternative Services' Licensure and Accreditation Strategy

Licensure/accreditation is already affecting alternative youth services and is, on a larger scale, apparently unavoidable. The question is now: Who should be responsible for alternative service licensure and accreditation, and how can these procedures best meet the needs of youth and families? The criminal justice system was confronted by similar circumstances a few years ago. Its solution is instructive. In 1974, after a 2-year self-evaluation and accreditation project conducted by the American Correctional Association under the auspices of the Ford Foundation, the Commission on Accreditation for Corrections was created by correctional practitioners through an LEAA grant. The most significant aspect of this development is that the accreditation efforts were self-initiated and are presently being directed and carried out by practitioners in the field.

Following the example of the American Correctional Association, and in order to retain as much control as possible over the accreditation process, alternative youth-service staff should develop accreditation standards. This self-licensure process requires organization. Coalitions provide the most appropriate forum for addressing the issues surrounding the design and implementation of licensure and accreditation standards. There are over 30 State and metropolitan alternative service coalitions and networks; over a dozen have paid staff. Since most human service policy and practice are developed at the State and local level and every indication from Washington supports increasing those decisionmaking powers, licensing and accreditation systems must be developed and accepted at the State and local level.

Yet, there is also an additional need to satisfy Federal sources. Despite the increased local control brought about by the New Federalism, discretionary funding authority will still be retained at the national level. Federal demonstration and model program support require increased assurances of programmatic capacity and capability. National organizations, such as National Youth Work Alliance, representing alternative service providers and incorporating consumer input, appear to be the most acceptable and desirable resource for advocating self-licensure and accreditation standards at the national level. Any effort to implement a responsible self-licensure program locally or nationally must tackle difficult issues and organizational steps.

Shall Workers or Programs Be Licensed and Accredited?

The diversity of skill, job responsibility, and orientation of alternative service agency staff makes the task of establishing criteria for individual licensing extremely difficult. Focusing on the individual does not ensure that program goals and objectives will be met nor that the community will be involved in agency activities and decisionmaking. A programmatic orientation seems more appropriate; it requires identifying the essential features of an alternative youth-service agency. Self-appraisal is not sufficient. Self-definition, combined with a standardized set of generic criteria, seems an appropriate initial strategy for identifying the universe of alternative service agencies. Generic criteria might include:

1. private nonprofit status
2. community-based focus
3. consumer participation in organizational policy and decisionmaking
4. low cost or, preferably, free service
5. acceptance of self-referrals
6. service accessibility to youth
7. service available to youth without parental permission unless required by law
8. equal opportunity and affirmative action practices
9. crisis service provision
10. mechanisms for assessing staff performance and program effectiveness

What Standards Will Be Used as Compliance Measures?

Specific standards must be developed to apply universally to all alternative service agencies. The details of each standard can be developed through a peer review process. The peer committee should include alternative service administrators, direct service staff, board members, volunteers, clients, and community members. General areas in which criteria should be developed include:

1. governance
2. personnel standards and practices
3. fiscal policies and procedures
4. facilities and equipment
5. program activities
6. management and administrative policies and practices.

Detailed standards would be developed under each area. For example, standards for fiscal accountability might include:

1. annual budget approval by agency governing body
2. annual external audit of all fiscal activities
3. monthly financial reports prepared and approved by the governing body
4. 501(c)(3) status secured by the agency
5. written policies and procedures for control of all fiscal activities
6. expenditures traceable by agency and specific service program

How Should the Accreditation Process Be Implemented?

A national meeting of representatives of alternative service coalitions should be convened. Instruction should be provided on the formation of local accreditation boards and the process for peer development of standards. Representatives from accreditation commissions and boards should be available to consult and share past experiences in an attempt to avoid "re-inventing the wheel." Prior to the convening of this meeting, a national assessment of alternative service providers should be conducted. The information gathered on program activities, agency profiles, and concerns about standards should be presented to coalition representatives. The national organization funded to convene this meeting should also provide ongoing technical assistance to local coalitions. Annual meetings should be held to discuss new developments and to assess local progress.

A peer accreditation board should be formed, in most instances on a statewide basis. This board should conduct site visits and validate the compliance of each program to the accreditation standards developed by the peer accreditation board. The board should also monitor, on an ongoing basis, all accredited programs and provide technical assistance to help bring agencies into compliance.

Standards developed should be divided into two categories: (a) required and (b) preferred. To be accredited, an agency must comply with 90 percent of the required and 80 percent of the preferred standards. Accreditation should be granted for 3 years. During that time, the accreditation board should routinely monitor each agency to evaluate continued compliance and to assist agencies in complying with any changes in standards. It is assumed that the development of accreditation standards is an evolutionary process with modification occurring as appropriate and necessary.

Who Will Pay for Accreditation?

Based on agencies' historic resistance to accreditation, the additional requisite of requiring them to pay for it seems to be impractical. Federal or private foundation monies should fund accreditation boards' operation. Use of local or State public funds might interfere with the development of acceptable alternative standards. The agency commitment should be in kind. Time and resources must be expended on preparing for the site visit, bringing policy and practice into compliance, and documenting standard activities.

Conclusion

Alternative services are already subject to many forms of licensure. As continued public funding is pursued, alternative services will be increasingly accountable and should assert the same leadership that led to their creation, leadership toward responsible public accountability. This difficult task needs to be approached in a systematic bottom-up/top-down collaboration. Alternative services should follow the example set in the correctional field: The International Half-Way House Association, created out of pressures and concerns similar to those facing alternative services, has its own peer review standards and licensure and accreditation process. Lobbying efforts resulted in governmental acceptance of these accountability procedures.

Alternative service philosophy is rooted in consumer acceptance and satisfaction as the primary criteria for accountability. Balancing this personalized orientation against governmentally sanctioned regulation will be a slow and difficult process but a necessary one. Alternative services must confront the imminence of universal public accountability, and, if they are to avoid the unacceptable position of having licensure/accreditation "done to them," they must quickly establish their own peer-controlled accreditation agency. In the long run a peer-controlled licensure/accreditation process may in fact produce significant benefits. It can facilitate system-wide planning, hasten problem identification, and, most importantly, stimulate greater public confidence and support for continual improvement of the human service field.

Local Issues in Alternative Service Accreditation

W. Douglas McCoard, M.S.W.

Huckleberry House is a small, independent community-based counseling center and shelter for runaways and other youth in Columbus, Ohio. Since it began 9 years ago, Huckleberry House has been connected to the community mental health system. Like many other runaway programs, Huckleberry House has achieved the intent of the original community mental health legislation more effectively than some mental health centers (Gordon 1978). It has successfully maintained a nonillness approach to the provision of mental health services for youth. Huckleberry House reaches young people who either will not or cannot get help at traditional service agencies. It is visible and accessible 24 hours a day. Staff are warm, caring, and nonjudgmental. Huckleberry House is part of a natural support system which nurtures the development of mentally healthy persons. While closely linked to the mental health system, Huckleberry House has tried to maintain an independent identity.

The original funds for Huckleberry House came from the county mental health board. Several factors have been critical in maintaining this connection between Huckleberry House and the mental health system: First, it gained local prestige when it received a National Institute of Mental Health grant. Second, it was successful in changing jurisdiction over a proposed State licensing law for runaway programs from the State welfare department to local community mental health boards. Although it provides social services, prevention and crisis stabilization are the primary vehicles through which it responds to its clients' mental health needs. It would have been inappropriate to be licensed by the welfare department. Third, the way it described its services was always consistent with mental health terminology. Fourth, because it was a new agency, it had business activities managed by the county mental health board's newly developed service bureau. This increased visibility and acceptance within the mental health community. Finally, it attempted to work closely with the board's administrative staff in community mental health planning not related to Huckleberry House; for example, its staff were active in discussions of contracting and of moving from block grants to purchase of services. We became known to the board's leadership and, in time, to all those involved with community mental health in our area.

Our participation in community mental health planning decisions allowed us to respond to changes before they were mandated. One such change was the move toward licensure/accreditation of a community's total mental health services. Systemwide accreditation by the Joint Commission on Accreditation of Hospitals (JCAH) was introduced into our community as a pilot project. As a subcontractor to the community mental health center, Huckleberry House was an important link in systemwide accreditation and we agreed to participate in the CMHC's efforts to obtain it. We had already developed a sophisticated evaluation process which had improved our performance and accountability toward consumers as well as funding sources. However, we soon realized that accreditation as a member of the community mental health system required much more detailed documentation than we had been doing.

The Accreditation Process

In seeking accreditation, we had to acknowledge that the informal institutional processes we prized would no longer be acceptable. We would have to conform to standards of documentation established by JCAH for traditional pathology-oriented hospitals and psychiatric facilities (Joint Commission on Accreditation of Hospitals 1976). The special purposes of community-based services were not considered. To gain accreditation, Huckleberry House would not have to alter its services, but it would have to adjust its diagnostic and evaluative terms.

The form of documentation required by JCAH is the problem-oriented record. The problem-oriented record defines and separates a consumer's complex service concerns into individual, workable components by applying a numbered problem list. All information and decisions relating to each problem are synthesized. The consumer record then becomes the focal point of a systematic approach leading to improvement in or resolution of each problem in an individual's case. The problem-oriented format provides a clear way of tracking what service was provided to a consumer to resolve specific problems. Case notes are organized by problem area. The record can help the writer decide which events from a service encounter should be recorded and provides a format for displaying information so that facts and opinions are easily distinguishable. The JCAH-required, problem-oriented record has the potential to reduce paperwork and to focus service provision on specific problem areas which might otherwise remain diffuse.

The primary requirement for JCAH accreditation was altering our approach to documentation and instituting the problem-oriented record. JCAH made a site visit. They assessed the physical facility, read many individual case records to evaluate the effectiveness of our new approach to documentation, and critically reviewed our policy manual to assess whether clients' interests were protected. The site visit confirmed that Huckleberry House had successfully developed a rigorous recordkeeping system, and we were granted accreditation.

Advantages of Accreditation

The primary advantage of accreditation for Huckleberry House was financial. Accreditation is a process which runaway programs must consider if long-term financial survival is to be realized. Without accreditation, programs may be unable to continue to receive payment for services. With accreditation, runaway programs are able to tap into insurance reimbursement and other mental health monies.

Second, the accreditation process raised important issues for Huckleberry House about how services are conceptualized and provided. The problem-oriented record system seeks to establish a full range of service options which are linked to each other and to the human service network. Services are not thought of in terms of inpatient, outpatient, or emergency, but as functional areas: Identification, crisis stabilization, growth, sustenance, case management, prevention, general health, and ancillary activities. Because we began to keep records on individuals in an identical format, unmet service needs in each case became immediately obvious. Furthermore, with the problem-oriented record system, all members of the service team could be kept informed of each step in each case.

Third, the problem-oriented record clarified staff training needs. The use of standardized, problem-specific recording instruments for staff communication revealed variations in staff skills as well as inefficient procedures. It also revealed difficulty in separating objective findings from judgments. These insights allowed for the creation of tailormade staff development programs.

Disadvantages of Accreditation

The process of preparing for accreditation was trying. The sheer volume of paper work involved in documenting every policy, administrative procedure, service encounter, and case evaluation made life miserable for a while. Changes in recordkeeping were instituted to capture clinical events which had previously escaped the written consumer record.

In addition to the work involved in accreditation, there is concern about potential value conflicts presented by the JCAH standards. For example, although we now devote considerable staff time to documentation, our focus continues to be on quality services to youth and families. With the increased burdens of paper work, will staff become less motivated to provide quality service? Will staff take the shortcut of reducing their cases to an illness model—which is easier to present in the problem-oriented record—rather than continuing to focus on developmental goals?

When a runaway program becomes accredited, care must be taken not to accept definitions offered by that accrediting agency but to develop alternative definitions within its framework. At Huckleberry House we found that a service program affiliated with a mental health system does not necessarily have to reorganize its operations to fit the accreditation services model. However, compatibility with the accreditation system requires interpreting the services we provide in their terms. This is particularly difficult because Huckleberry House has a multiple-funding base and must interface with a variety of systems. Excessive interpretation of services to fit different funding agencies may push us to use management professionals to represent our internal complexity to the outside.

Care must be taken to preserve the unique characteristics embodied in runaway program service provision. Commitment to youth participation in all levels of the organization, use of volunteers, staffing with paraprofessionals, and accessibility to clients must be aggressively maintained during the accreditation process. The increased emphasis on documentation which accompanies accreditation can lead to undue bureaucratic redtape, major agency operating changes, and inefficiency in documentation. These must be avoided.

The major danger of mental health accreditation is that the runaway program may adopt the traditional medical model. The primary staff of the accrediting agency tend to be medical personnel. The accreditation principles and service definitions are medical in origin. This may have the effect of focusing services excessively on "hard" prescriptive therapy for elimination of "illness." The need for "soft" counseling to enable clients to remain in their natural support systems while receiving preventive mental health services may not be recognized by the accrediting agencies. To counteract this disadvantage, runaway programs must be aware of the potential consequences of redefining services and should instead propose redefinition of terms by the accrediting agency.

Accreditation in Retrospect

Huckleberry House is now accredited by the Joint Commission on Hospital Accreditation as part of a system of community mental health services. The accreditation process has helped us with our planning. We are more broadly conceptualizing service needs. We are formalizing policy and administrative guides to aid new staff. We have revised our recordkeeping format to increase the quality of service. Our recordkeeping system has the respect of mental health professionals. We are assured of continued funding through the mental health system. If we hire a psychiatrist or psychologist, we will become eligible for third-party reimbursement.

On the other hand, the ability of Huckleberry House (and other alternative youth programs) to make required administrative changes while continuing to provide innovative services is still in question. Far too often, the format determines the nature of service. There is a danger that informal communication within our program will decrease because of the extensive documentation required by accreditation. In addition, we wonder if this emphasis on recordkeeping has improved our services: Are we more responsive to clients as a result of the accreditation process? The accreditation process has already affected our hiring policies. Although we continue to hire and train young workers, we are also looking for staff who are highly trained before they come to Huckleberry House.

If Huckleberry House is to continue to provide services to runaway youth and their families as in the past, we must document our operations in language which the larger systems use and understand. Though we lack the resources of a major mental health system, we have to develop administrative capacities in areas such as resource allocation and recordkeeping. These, together with the planning, evaluation, and administrative skill required to interface with a demanding accreditation process, raise the question of whether accreditation is worth it. Unfortunately for many programs, accreditation is not a question of choice; it is a question of survival.

In the next few years, Huckleberry House will have to be increasingly sensitive to its institutional structure and character. It will have to monitor services to make sure that values do not shift away from providing immediately accessible growth services to youth without bureaucratic redtape and labeling processes. As increased administrative skills and systems technology become integral to Huckleberry House, we must take care not to repeat the errors of many mental health programs which, in expanding, have lost sight of their original purpose and vision.

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IX
Conclusion

The chapter that follows was sent to conference participants before they prepared their own papers. It serves as a summing up and a manifesto. Originally published in The American Journal of Psychiatry *and addressed to mental health professionals, it contends that runaway centers are, in fact, fulfilling both the letter and the spirit of the community mental health center movement and that the services they provide and the way they provide them may not only be an alternative to, but a model for, the mental health profession.*

The Runaway Center as a Community Mental Health Center

James S. Gordon, M.D.

Introduction

Community mental health centers were hailed in 1963 by President John F. Kennedy as a "bold new approach." Designed as an alternative to "large, impersonal, remote, primarily custodial institutions," the community mental health center was to provide a "flexible array of services that disrupt as little as possible the patient's social relations in his community" (Feldman and Goldstein 1971). In addition to the concerns of professionalism, training and manpower, two early shapers, Smith and Hobbs (1960), of the community mental health center movement emphasized "community involvement and control . . . range of service . . . serving those who most need help . . . innovation . . . planning for problem groups that nobody wants . . . [and] variety, flexibility, and realism." Community mental health centers were to meet people's mental health needs in a respectful and responsive way, to help them live better in a better community.

Several years after the passage of the Community Mental Health Center Act, and in the same climate of social activism, the first runaway house was founded by a minister in the Haight-Ashbury district of San Francisco (Beggs 1969). It was named Huckleberry House after America's most famous runaway and was designed to provide—without stigma, labeling or constraint—temporary food, shelter, and counseling to some of the thousands of young people who flocked to the Haight during the 1967 "summer of love." Since 1967, approximately 200 additional runaway centers have been opened (Gordon and Houghton 1977). This year they will serve 50,000 (Aggregate Client Data 1976) young and their families, in suburbs, small towns, and ghettos, as well as in the hip neighborhoods of large cities. These runaway centers regard themselves—and are regarded by their communities—as more or less permanent resources for the one-half to three-quarters of a million young people (National Statistical Survey 1976) who each year leave their homes without permission.

During the course of their evolution and proliferation, runaway houses discovered that the young people who came to them had a variety of social and emotional problems[1] which they could not or would not bring to private mental health professionals or existing mental health facilities (Gordon 1975*a*, 1975*b*). The majority were preoccupied with parents who in many cases were themselves disturbed, but many were also troubled by their relations to their schools and their friends and by their own use and misuse of drugs, alcohol, and sex. Though they refused to label these young people as mentally ill, the staff found some of them to be more self-destructive than rebellious; others seemed "weird," even to counselors steeped in nonconformity; and still others seemed hopelessly depressed and/or confused (Gordon 1975*a*, 1975*b*).

To meet the needs of these young people and their families, runaway centers have gradually enlarged the scope and sophistication of their services and administration. They have made use of increasing numbers of mental health professionals; trained their workers in techniques of individual, group and family therapy; provided long-term residential care; inaugurated "preventive" services; improved the quality of their administration; and created solidly based community boards of directors. During the last several years, they have begun to conceptualize themselves as "youth and family crisis centers" and "mental health facilities." Indeed, without having planned it, they have created a system of community mental health centers for troubled young people and their families that is at once a complement and challenge to the principles and practice of federally funded community mental health centers.

Community Mental Health Center Criteria Applied to Runaway Centers

In describing and conceptualizing runaway centers as spontaneously emerging community mental health centers, I will try to show how they embody the early spirit of the community mental health center movement and how they provide the services mandated by its legislation and its amendments. In the framework for this discussion, I use categories borrowed from the legislation as well as those which Feldman and Goldstein (1971) employed "to distinguish community mental health centers from other mental health services." In each section, I present an evolutionary perspective as well as information about the current status of runaway centers. The portrait that will emerge is both a composite of many runaway centers and a fair replica of a number of them (Gordon and Houghton 1977).

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[1] See Beyer, Jenkins, Leventhal, and Stierlin for a psychopathological perspective on runaways.

Specific Geographic Responsibility

The first runaway houses—in New York's East Village, Washington, D.C.'s Dupont Circle, and the Haight-Ashbury—tended to work with young people who had come, sometimes from great distances, to be part of the burgeoning counterculture. As the counterculture has disappeared and the number of services for troubled and disaffected young people has proliferated, this pattern has changed. Increasingly, runaway centers tend to serve young people who come from their immediate geographic area. In 1971, 85 percent of those who came to Runaway House in Washington, D.C., were from outside the city; in 1976, over 50 percent came from the District of Columbia (see SAJA—Annual Reports and Statistics 1971–1976). Nationwide, more than 60 percent of the young people staying in the 130 runaway centers funded by DHEW's Office of Youth Development have traveled less than 10 miles from their homes (Aggregate Client Data 1976).

Comprehensiveness

Almost every runaway center provides its 10- to 17-year-old population with all five of the basic services which were originally mandated for community mental health centers. Many offer their clients several of the additional seven services which have more recently been prescribed.

Emergency Services 24 Hours a Day

Every runaway center offers its clients and their families a facility that is staffed 24 hours a day, 7 days a week. Young people or their parents are free to call, and young people can walk in off the street, obtain counseling, or stay as a resident any time, day or night.

Inpatient Services

When runaway centers were first created, one of their primary aims was to provide young people with an alternative, both to exploitation on the street and to the constraints of living in an institution. Though they currently focus on offering young people a place to "cool out" and gain perspective on family conflicts, they continue to view themselves, and are viewed by courts, as a short-term alternative to institutionalization and a crisis-intervention service that may obviate the need for it. Runaway centers work with young people who have been diagnosed "schizophrenic" or "borderline psychotic" as well as many others who have been diagnosed as "acting out," "delinquent," or "drug or alcohol dependent." Many of the young people have been previously institutionalized and many more threatened with it. A sample of runaways during one quarter in 1974 at the D.C. Runaway House revealed that approximately 10 percent had spent time in mental hospitals and 20 percent in juvenile detention facilities. An additional 25 percent had had institutionalization recommended by a mental health professional or probation officer just prior to running away (Gordon 1975a; 1975*b*; SAJA—Annual Reports and Statistics 1971–1976).

While they are in residence at a runaway center, young people are involved in an extremely active and varied program. They function as members of a therapeutic community and must obey house rules—no drugs, alcohol, sex, or violence; an evening curfew, daily cleanup, etc.—while they devote themselves to "working on their situation." Usually this means trying to understand why they have run; what their problems are; what they want to do about them; and, then, with their counselors' help, doing it.

Virtually every young person (98.4 percent) receives individual counseling from a "primary" counselor who may be either a mental health professional or a trained nonprofessional; 44.5 percent are involved in family counseling with their own counselor and, usually, a mental health professional who works with the center; 40.5 percent take part in a group counseling experience, which in many programs involves daily discussion of the young people's "situations" and the way they are getting along with one another in the house (Aggregate Client Data 1976). In addition, counselors help young people to obtain specialized legal, educational, and vocational services. Those who cannot live at home are assisted in finding alternative living arrangements outside of an institutional setting.

Virtually all of these centers have one or more Masters' level social workers on their regular staffs, as well as a consulting psychiatrist or psychologist with whom the staff discusses, at least once weekly, each young person and his or her progress in individual, group, and family counseling. In addition, runaway center staff usually work closely with several other mental health professionals who are available to see, on a consultative or long-term basis, young people who seem particularly baffling or troubled.

Outpatient Services

Though most of those who use runaway centers come for shelter and food as well as counseling, a large number of young people, perhaps as many as 25 percent (Aggregate Client Data 1976), simply make use of counseling facilities. They live nearby—at home, in their own apartment, or on the street—and come for help with family and school problems, when they're anxious or depressed, acutely suicidal, intoxicated, or simply in need of someone to talk to. Runaway centers provide these services to young people without delay and with minimal or no formal intake procedure.

Partial Hospitalization

Though few runaway centers have explicit "day hospital" programs, many function in that capacity for young people who have returned home, gone to live in foster placement, or are on their own. The center is a place where the exrunaway can come to talk, daily if need be, with counselors and be part of group therapy and recreational activities.

In the last few years, some centers have instituted peer-counseling programs in which exrunaways are paid to help with house maintenance and administration as well as with counseling. These programs, which include a substantial psychologically oriented training component, provide young people with the ongoing opportunity to be part of a community of helpers, to learn more about themselves and their problems, and to earn some money.

Consultation and Education

Runaway centers are not generally funded for any activities beyond direct services and, therefore, tend to allocate the vast majority of staff time to responding to the sometimes overwhelming direct service needs of young people and their families. Nevertheless, many centers have tried to maintain some kind of outreach program—providing lectures on youth and family problems to high school and college classes, PTAs, churches, fraternal organizations, etc.; organizing seminars with local probation officers and mental health professionals who are concerned with reaching young people; and offering technical assistance to community groups which are interested in starting new programs for young people.

As runaway centers have become more financially secure, they have begun to devote more staff time to consultation and education. Among the projects currently undertaken are semester-long courses—on adolescence, alternative services, or youth rights—for high school, college, or graduate students; regular consultation with street gangs and street workers; organization of peer-counseling groups in local high schools and of parent and family groups at local churches, community centers, etc.

Screening Services

In the course of their work, runaway centers have routinely provided or arranged for mental health screening services for the young people who come to them. Their emphasis has always been on finding not only the least restrictive setting possible but the one that the particular young person chooses for himself.

Followup Care

Though they have not specifically addressed themselves to teenagers leaving State mental hospitals or penal institutions (either as discharged inmates or escapees), runaway centers have always been available to these young people and have regarded it as their responsibility to provide the full range of their services to them. In many cases, runaway centers are chosen as alternatives to institutionalization not only by the young people themselves, but also by parents and mental health professionals.

Transitional Services

As runaway centers have evolved, many have set up programs specifically designed to meet the long-term supportive needs of young people and their families. Among their innovations are: Specialized and flexible group foster homes for young people who would otherwise be institutionalized; foster placement programs where individual young people and prospective foster families are carefully matched and supervised; and long-term family counseling programs where runaway house counselors and mental health professionals tailor their therapy to each family's particular social, economic, and emotional situation (Gordon 1975*b*, 1976*a*, 1976*b*, 1977; Gordon and Houghton 1977). Runaway centers also provide continued individual and group counseling for young people as well as ongoing vocational, educational, and legal advice and advocacy.

Alcoholism and Drug Addiction; Alcohol and Drug Abuse Services

Many of the young people who come to runaway centers have problems with alcohol and drug abuse, and some are, indeed, addicted. Runaway centers work with all of these young people on a short-term basis and with some on a long-term basis. If a more specialized addiction services program is needed, they generally refer the young person elsewhere for these supplementary services, while continuing to be available for counseling, advocacy, and crisis intervention.

Services for Children and the Elderly

Runaway centers work with young children and the elderly only when they are part of the family of the person who has run from home.

Accessibility

Runaway centers have always prided themselves on their immediate accessibility to their clients. The first ones were founded by indigenous helpers in areas in which large numbers of young people congregated. Later ones were deliberately in similar neighborhoods or near major means of transportation. Young people who noticed the building simply walked in off the street; others heard about the runaway centers from hotlines, schools counselors, and, above all, from friends and street acquaintances.

Though they wanted to be available to all the young people who needed them, the first runaway houses didn't want to be accused of "encouraging kids to run away from home," nor did they wish to draw unnecessary police attention to themselves: Running away was a crime in the majority of States in 1967 and is still one in almost half of them (Beaser 1975). As runaway centers have put down roots in their communities and as they have shifted somewhat from a posture of youth advocacy to one of youth-and-family crisis work, they have felt increasingly free to publicize themselves and their services; to reach out to troubled youth who are thinking about running but have not yet left home. The young people seem to be responding to this preventive approach: During the last quarter of 1976, over 20 percent of those who used the services of runaway centers continued to live at home (Aggregate Client Data 1976).

The accessibility of runaway centers is facilitated by three other well-publicized factors: (1) Neither young people nor their families pay for services rendered; (2) counseling is immediately available 24 hours a day; and (3) unless the house is filled to (usually beyond) capacity, no one who is under 18 and in need is turned away.

Continuity of Care

Runaway centers have been particularly concerned with preserving a feeling of intimacy and communality. They have kept their programs small enough so that each counselor works with every other counselor, and all know the young people who live in the house. Though runaway house counselors may be in sporadic contact with other young people, the entire staff of 6 or 8 work actively with no more than 10–15 current residents and 20–30 exresidents. The full-time paid staff are augmented by 5 to 20 volunteers who provide help with counseling, house maintenance, and ancillary services. The house itself, usually a large private dwelling, tends to promote a feeling of intimacy and cohesiveness for the 200–300 young people who stay in it each year.

The projects which have started foster-care or group-home programs maintain the sense of intimacy and continuity among their projects by having regular meetings among the members of the different staffs. When more specialized services—long-term housing, legal aid, etc.—are necessary, it is the counselor's responsibility to work with each young person in obtaining what he needs.

Responsiveness to Community Needs

The first runaway centers began as a direct response to the needs of troubled and disaffected young people who filled the streets of their surrounding neighborhoods. They and their decendants have considered this responsiveness to be a hallmark of their services. Runaway centers have, as a matter of principle, included young people—present ones and exresidents—in virtually every aspect of their decisionmaking and policymaking. In daily or weekly meetings, young residents have the opportunity to criticize and, with the counselors, change house rules and policies; as peer counselors and as members of the runaway center's board of directors, they are in a position to shape overall organizational policy. In fact, virtually all the new programs that runaway centers have opened—family and vocational counseling, foster care, group homes, peer counseling, street work projects, etc.—have been catalyzed by the expressed and demonstrated needs of their clients.

When runaway centers opened, they were often an alien presence in a residential neighborhood, advocates for children's rights in a community of not always sympathetic adults. At first, many runaway centers reacted defensively when their suspicious or hostile neighbors ignored or mocked their concerns. In recent years, as their focus has broadened and their existence has become slightly less precarious, runaway centers have made substantial efforts to meet with neighbors and explain themselves. In addition to working with individual families and schools, runaway centers have joined, and sometimes formed, block and civic associations to keep the neighborhood clean and quiet. They have brought onto their boards of directors supportive and skeptical neighbors, city and county legislators, local business and professional people.

At the same time, runaway centers have also begun to conceive of themselves as part of a larger community. They have organized locally, with other social and mental health services, to lobby for youth rights and services for young people. As part of a National Network of Runaway and Youth Crisis Centers, they have tried to change delinquency laws which continue to make running away a crime; to amend social service and juvenile justice requirements which restrict the services available to young people; and to urge the Congress to pass laws that are designed to help meet the needs of young people and their families before, as well as after, the child leaves home.

Funding

The founders of Huckleberry House would never have believed that the House would be there 10 years later: It was created to deal with the casualties of a cultural phenomenon that, they assumed, would soon subside. Huckleberry House, like its early sister projects, survived from day to day on church support, scrounged supplies, local foundation grants, and benefit dances. The discovery in 1973 in Houston of the bodies of two dozen boys—presumed to be runaways—changed all that: Major Federal funding and legislation on behalf of runaways were initiated.

NIMH, recognizing that runaway centers were "national experiments in community mental health," provided the first monies: $1.6 million for service, training, and research contracts to 32 projects across the country (Gordon and Houghton 1977). With the passage of the Juvenile Justice and Delinquency Prevention Act of 1974 (Public Law 93–415), 66 projects were awarded a total of $4.1 million by the administering agency, DHEW's Office of Youth Development (OYD). At the same time, other runaway centers were obtaining grants from the Law Enforcement Assistance Administration, the United Way, and the National Institutes of Drug and Alcohol Abuse; under Title XX of the Social Security Legislation, and from local social service agencies. By 1976, some $7.9 million were being allotted through OYD to 130 runaway houses.

In spite of this increase in funding, most runaway centers continue to operate at little more than a subsistence level: On budgets of between $70,000 and $150,000 a year, an average salary for each of a staff of seven is $7,000 to $9,000 a year for a 50- to 55-hour work week. Partly because of this low salary level, runaway centers are able to provide comprehensive services at a fraction of the cost of mental health or correctional facilities: A 1975 survey (Gordon 1975c) of some 20 runaway houses revealed that the cost per day for residential care ranged from $32 to $50, approximately one-fifth of that in a mental hospital and one-third of that in local detention centers. The cost per hour of outpatient counseling ranged from $5 to $12, about one-third of that in local community mental health facilities.

Discussion

In recent years, critics[2] have pointed out that community mental health centers are often far less innovative and flexible than their creators had hoped, that they are often more responsive to professional imperatives than to the needs of those whom they serve. According to these critics, many centers have abandoned the public health for the clinical model and have neglected their consultation and education functions. Though some have created satellite centers to offer more innovative and responsive services, others have remained stagnant; community control has often been subverted, and, according to these critics, the activist spirit of the community mental health center movement betrayed.

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[2] See Musto, and Snow and Newton, for example.

Runaway centers, begun without professional ideology, present an interesting contrast. Though they serve a specific population and though they have not been consistently conceptualized as mental health services, they have maintained the kind of responsiveness to people's problems which the founders of the community mental health center movement had envisioned. Runaway centers provide the five basic services to their clients in ways that are at once carefully individualized and highly economical. They have incorporated mental health professionals in their programs and have often used a "therapeutic" model without adopting an "illness" model of diagnosis, treatment, and cure, without stigmatizing those who come to them for help as mentally ill. They have continued to serve "a group that nobody wants" and to expand and change their services to meet the changing needs of this group and their families. And they are deeply committed to the preventive work which the community mental health center legislation and its later amendments have mandated.

My description of runaway centers has been suggestive rather than exhaustive or critical—questions can and should be asked about the centers' focus on crisis work, their ability to deal with seriously disturbed young people, and, indeed, their overall level of expertise, but it does raise the possibility of studying these centers as community mental health centers. I hope that it will also begin a discussion about offering such centers funding, either under the Community Mental Health Center Act, through State mental health funds, national health insurance, or some combination of these.

I think that these runaway centers may also offer a model for a variety of other, actual or potential, community mental health services—drop-in centers for individuals and mediation centers for families in crisis, shelters for battered women, and community residences for people suffering acute psychotic breaks. I hope that their existence can be instructive to those who are concerned with making mental health services more relevant and accessible. Without having intended it—and without being funded to do it—runaway centers are, in fact, participants in and heirs to the tasks and aspirations of the community mental health center movement.

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